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SPEAKING WITH RAPE SURVIVORS:
AN ANALYSIS OF THE STORIES WOMEN SHARE

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**Dissertation submitted in partial fulfillment of the requirements for the
award of the Degree of Master of Clinical Psychology**

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DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree.
It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signed by candidate

Catherine de Swardt

29 / 8 / 2006

Date

University of Cape Town

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ABSTRACT

Rape is an all too familiar phenomenon in South Africa. Yet, whereas there is a growing literature in the west, which examines the everyday understandings of rape amongst women, in South Africa documented understanding of rape is largely contained within theoretical sociological explanations for its high prevalence. This study aimed to explore the ways in which a group of rape survivors in the Western Cape, South Africa, make sense of rape and its impact on their lives. A secondary aim was to examine whether Western trauma classifications provide a useful framework for understanding the impact of rape in this context. The study formed the qualitative component of a larger quantitative study focused on women's adherence to anti-retroviral medication post rape (The Post Exposure Prophylaxis Study). The research question was approached from a feminist social constructionist perspective, using qualitative methodology. In depth interviews with ten rape survivors were carried out, six months post-rape. The interviews began with an open-ended question that allowed women to share their stories. The interviews were recorded and transcripts of the interviews were analysed using Roger's (2001) and Arvay's (1998) methods for analyzing trauma narratives. Whilst there was evidence of some of the symptoms outlined in Rape Trauma Syndrome and Post Traumatic Stress Disorder, the women did not regard these 'symptoms' as being the most distressing part of their experiences. Instead, the women constructed the rape in terms of its impact on their social relationships, and the way it affected their constructions of themselves as women. Their understandings of "why rape happens" were rooted in the belief that men need sex and women provoke them. These understandings are discussed in the light of Burt's (1980) rape myths and the discourses of heterosex outlined by Gavey (2005).

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University of Cape Town

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

In 1994, South Africa held its first democratic elections. With the new dispensation, there was the opportunity to draft a new Constitution which was finally adopted into law on 11 October, 1996. This Constitution has been hailed as one of the most progressive Bills of Rights in the world. It envisages a society based on the respect of human rights, and the values of “non racialism and non sexism” (Section 1(b) Act 108 of 1996) are paired and mentioned specifically. However, despite this constitutional commitment to women’s rights, South Africa has been billed as the “rape capital of the world”.

The South African Government have recognized the gravity of the problem and the new Sexual Offences Bill seeks to address the substantive, evidentiary and procedural law relating to sexual offences. The bill has now been promulgated but has not yet been passed. In addition, the government has introduced specialised sexual offences courts, such as Wynberg Sexual Offences Court in Cape Town, and the Rape and Sexual Assault Management Protocol has been developed to assist professionals with providing comprehensive services to survivors. They have also established specialised units within regional hospitals dedicated to providing comprehensive services to rape survivors. The first of these was the Thuthuzela Care Centre, which provides forensic, clinical and counselling support for survivors of rape and sexual assault. It is located within G.F. Jooste Hospital which services Langa, Khayelitsha, Manenberg, Gugulethu, Mitchells Plain and Strandfontein. These areas are historically disadvantaged as they were designated as “Black” or “Coloured” areas under the Apartheid system. These areas are poorly serviced and problems of unemployment, poverty, crime and gang violence are endemic.

This study formed the qualitative component of a larger quantitative study, The Post Exposure Prophylaxis (PEP) Study. The PEP Study’s key focus was on investigating adherence to anti-retroviral medication following sexual assault. The PEP Study tracked women who had been

raped and attended the Thuthuzela Care Centre at Jooste Hospital. Women who were HIV negative at the time of their presentation at Thuthuzela were asked if they were interested in receiving anti-retroviral medication and being part of the study. They were then interviewed by the study nurses at baseline, at one week post assault, at four weeks, at three months and then at six months. The PEP Study aimed to investigate their adherence to the medication and their physical symptoms. The PEP Study was an internationally funded quantitative study that ran from 2004 until mid 2005. During this time 135 rape survivors were followed for six months. The ten women I interviewed were women who were enrolled in the PEP Study and who had completed their six month post assault interview with the study nurse. This study examines the ways in which this group of ten women from the Cape Flats makes sense of rape.

1.2 Definitions and terminology

Rape:

The current legal definition of rape in South Africa is: ‘an unlawful act of a man vaginally penetrating a woman with his penis.’ The definition is instrument, orifice and gender specific, and consequently any other sexual offence, such as forced sodomy or oral sex would fall under indecent assault. The offence perpetrated against each participant in this study meets the narrow definition of rape as it stands in South African law.

Rape survivor vs. Rape victim:

I have chosen to use the term ‘rape survivor’ rather than ‘rape victim’ for the purposes of this study. This term seems to more adequately capture the resilience of the women interviewed. However, it should be noted that there is some debate as to whether the term ‘victim’ or ‘survivor’ should be used, and women who have experienced rape have expressed different opinions about this (Thomson, 2000). In the Literature Review I have used whichever term the cited researchers use.

Race terms

Due to South Africa’s Apartheid history, terms of race carry many connotations and layers of meaning. Although I recognise that all racially constructed terms are offensive, I have elected

to use them in so far as they reflect the past history and reality of the divisions and social structures created by Apartheid. More importantly, these racial classifications employed by the Apartheid regime were linked to differential levels of access to resources. The legacy of this inequitable access remains today.

The categories enforced by the Apartheid regime were: White, Coloured and African. These categories were hierarchically ranked with White being the highest ranking, African lowest in rank and Coloured holding a slightly higher status, than African, but nonetheless significantly less so than white. There is debate about the use of the terms *Coloured*, “*Coloured*” or “*so called Coloured*” in South Africa as some within this group identify themselves as Black African, while others hold onto a “Coloured” identity as distinct from a Black African identity (Goldin, 1987). In the thesis, I use the terms Coloured and Black since these are commonly used terms in South African today and were used by the participants themselves in this study to differentiate between groups.

When I describe the perpetrators I use the terms that the women themselves use, as the way they use the terms is historically and culturally loaded in the light of the above issues. In this regard several of the women describe the perpetrator’s in terms of race and/or language for example a Black Xhosa-speaking man. Xhosa is the predominant language spoken in the Western Cape by those previously classified as African. Whereas those previously classified as Coloured speak either Afrikaans or English.

Cape Flats

This is the colloquial name given to the flat area of land on the outskirts of Cape Town within which Jooste Hospital and the Thuthuzela Care Centre are located. The Cape Flats comprises the areas Langa, Khayelitsha, Manenberg, Heideveld, Gugulethu, Mitchells Plain and Strandfontein. These areas were previously designated as “Black” or “Coloured” areas, during the Apartheid era and are historically disadvantaged and poorly serviced, with ongoing problems of poverty, crime and gang violence.

Feminism

I locate myself as a feminist researcher. Feminism recognizes that women are exploited and oppressed as a result of their gender and feminist research seeks to give women a voice and challenge the patriarchal power relations within society. There is current debate as to the applicability of Western feminism in an African context, (Essof, 2001). Mama identifies three approaches to feminism in Africa: The first rejects feminism as a western middle class concept; the second values feminist thought but contends that it should be renamed as 'womanism' and be rooted within black nationalist tradition; and the third suggests that the concept of feminism is useful so long as African women contribute to and inform its meaning (Essof, 2001). For the purposes of this study, I locate myself more strongly within the third position. I believe that feminism is relevant within this context, whilst at the same time, I hope to allow the voices of the women who participate to inform Western feminist understandings.

1.3 Outline of the thesis

The first chapter is a review of the literature about the history of rape research and its links with the rise of feminism. It highlights the gaps in the South African literature on rape and leads up to the proposed focus of this study. Chapter two discusses the methodological framework drawing on the principles of social constructionism and feminism and then goes on to explain the specific methods used in collecting and analyzing the data. Chapter three presents the results combined with the analysis thereof. The final chapter, presents broader areas of discussion about the ways in which the findings of this study interface with the literature on rape, and provides directions for future research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Outline

In this literature review five key areas are covered. Initially, the epidemiology of rape in South Africa is discussed. This section examines the difficulties in obtaining a clear and accurate idea of the prevalence of rape, both internationally and then in South Africa. Subsequently, an overview of the history and development of Western trauma research is provided with reference to the political contexts in which this research was done. This then leads us to the rise of feminism and the consequent public awareness of gender-based violence, and the development of Rape Trauma Syndrome (RTS) as a model for specifically describing the symptoms of rape survivors. The development of the diagnosis of Post Traumatic Stress Disorder (PTSD) and its applicability to rape is then considered. Subsequently, a critique of these models is presented and some of the newer work on the broadening understanding of trauma is outlined. The final section of the literature review focuses on the meaning and understanding of rape, both internationally and in South Africa, and the impact that understanding has on the process of recovery for survivors.

2.2 Epidemiology of rape in South Africa

Rape is an all too familiar phenomenon in South Africa. The news is saturated with high profile rape cases, such as the Zuma trial, and the frequent baby rapes (LoBaido, 2001). The person on the street is aware that rape is a particular problem in South Africa. However, obtaining accurate information about the prevalence and epidemiology of rape in South Africa is difficult. In 1995, the Human Rights Watch report named South Africa as the “rape capital” of the world (Jewkes & Abrahams, 2002). This report stated that only one rape in 35 was reported to South African Police. This figure was then questioned by Thabo Mbeki, and an ensuing debate arose about the actual rape statistic in South Africa. Jewkes & Abrahams (2002) have published a key paper exploring the epidemiology of rape in South Africa. In this paper they examine the research on rape and they outline the difficulties in coming up with an accurate rape statistic:

2.2.1 Difficulties with obtaining an accurate rape statistics

Definitions of rape

Whilst rape is legally defined as the intentional and unlawful act of sexual intercourse (i.e. vaginal penetration) with a woman without her consent (South African Law Commission, 1999), this legal definition of rape is currently under discussion and will be expanded to include anal and oral penetration, a wider range of coercive circumstances, and same sex incidents. However, despite the widening legal and professional definition of rape, the understanding amongst laypeople of what constitutes rape is far less clear. Women often do not report incidents of non-consensual sex that would be legally defined as rape because they buy into a “rape myth” culture (Burt, 1980) where rape is seen as something that is perpetrated by a stranger, using extreme violence, and not something that could happen under coercive circumstances such as abuses of power, perpetrated by a partner or an acquaintance such as one’s neighbour or boss.

Barriers to reporting

Even if a woman does define what has happened to her as rape, there are still many obstacles to reporting the crime. Women report fearing that they will not be believed if they report a rape (Stanton, Lochrenberg & Mukasa, 1997). Other fears of the police abound: there are fears of being blamed, or mistreated by police. Often there is an expectation that the police are corrupt and will take the side of the rapist (Stanton et al., 1997). Survivors also express distress at disclosing the intimate details of rape to strangers. Koss (1993) found that in the United States, rape is the crime most likely to go unreported. Paradoxically, it is the most common forms of rape that are most likely to go unreported. Wood and Jewkes (1998) found that in South Africa, women who had suffered rape at the hands of family members, neighbours, bosses and husbands were least likely to report these crimes.

2.2.2 Most recent rape statistics

The aforementioned factors make it difficult to ascertain the exact prevalence of rape within South Africa. Many women are silent about their experiences. They will not report their rapes

and their stories remain unheard. However, despite this unwillingness to report rape, a recent study found that in comparison with 13 countries with similar economic profiles, South Africa had the highest number of reported rapes per 100 000 people. At 104.6 per 100 000, this was three times higher than the next country on the list, Zimbabwe (South African Institute of Race Relations, 2004). In 2005, the South African Police Services crime statistics (Crime Information Analysis Centre, 2005) report 118 cases of completed rape¹ for every 100 000 women in South Africa (55 114 cases). Due to the under-reporting outlined above, it is necessary to compare the South African Police statistics with surveys and community studies to come up with a rough estimate for the prevalence of rape. The discrepancy between these figures provides a way of estimating how many rapes actually occur. Whilst the official Statistics South Africa Survey (2000) suggests that one in two women report rape, the Medical Research Council (MRC) provide a much more conservative estimate and suggest that only one in nine women report rape (Jewkes, Penn-Kekana, Levin, Ratsaka & Schreiber, 1999).

Studies of adolescent sexuality in South Africa, reveal that the official incidence rate vastly underestimates the actual prevalence of forced sex. In a controlled case study of pregnant adolescents, Jewkes, Vundule, Maforah and Jordaan (2001) found that 30% of pregnant teenagers and 18% of controls reported forced sexual initiation. Whilst only 11% of subjects and 9% of controls reported that they had been “raped”, 72 % of subjects and 60% of controls reported that they had been “forced to have sex against their wishes”. This highlights the fact that coercive sex is a common and accepted practice amongst the youth in South Africa, although they might not view their experiences as “rapes” worthy of reporting. Wood and Jewkes (1997) highlight the fact that forced sexual initiation is an accepted part of “everyday love” in the South African townships. This study is based on adolescent sexuality and it is possible that adult women may define their experiences differently, however it does provide an indication of the level of under-reporting of rape in South Africa, where coercive sex is viewed as the norm.

Whilst it is difficult to provide an accurate number to describe the prevalence of rape in South Africa, it is clear from the figures that we do have, that rape is endemic in our society. It is an

¹ Completed rape in this instance refers to sexual assaults that meet the legal definition of rape, as outlined in the Introduction.

overwhelming problem, and the difficulties with obtaining statistics reflect the huge task faced by researchers who are trying to understand the roots of the problem, its impact both psychologically and socially, and attempting to find ways of redressing it. The fact that women do not report rape, not only affects the statistics, but it also affects the information we have about the impact of rape, for we hear only the voices of those who are willing to speak

2.3 The development of theoretical frameworks of trauma

Rape is a traumatic event and it is also an event that occurs within a socio-political context. It is important to hold both the personal traumatic nature of rape and the wider socio-political context in mind when thinking about rape. In order to examine the current research into its psychological impact, it is important to look at the history of research into psychological trauma. This provides a context that informs this present study.

2.3.1 Hysteria and shell-shock

Judith Herman (1992) traces the study of psychological and sexual trauma from the time of Charcot and Freud up until the present day. She describes this history as being one of “episodic amnesia”, where the study of psychological trauma becomes so controversial that it becomes unbelievable “the study of psychological trauma has repeatedly led into the realms of the unthinkable and foundered on fundamental questions of belief” (p. 7).

Herman outlines three lines of investigation into psychological trauma that have risen to public awareness over the last century. Firstly, she outlines the study of hysteria at the turn of the 20th century, secondly, she outlines the study of shell-shock or combat neurosis in soldiers returning from the two world wars and the Vietnam war, and thirdly she describes the awareness of sexual and domestic violence which came with the rise of the feminist movement in the United States of America (United States).

In the nineteenth century, Charcot brought the subject of hysteria into the realms of serious scientific investigation (Goldstein, 1987). He paid close attention to the symptoms of hysterics and concluded that the root of these symptoms were psychological. It was Freud, his colleague Breuer, and Janet who developed Charcot’s research by listening to these patients and

documenting the conversations. This approach of listening to women's stories rather than just observing and documenting their condition was revolutionary. This was the first time that women's voices and experiences had been so carefully attended to in the history of medical research. By the mid 1880s, both Janet and Freud had concluded that hysteria was a condition that was caused by psychological trauma (Freud, 1896). However, Freud later retracted this claim, as the social implications of his findings became more and more concerning. He realized that if he listened to his patients and believed their stories, then sexual abuse was endemic among even respectable families of Viennese society (Deutsch, 1957). In order to avoid this inconceivable conclusion, Freud reworked his theory to claim that the hysterical patients had unresolved sexual fantasies from childhood and it was these fantasied rapes that were causing their hysterical symptoms. Freud concluded that he "was at last obliged to recognize that these scenes of seduction had never taken place and that they were only fantasies which my patients had made up" (Freud, 1925).

These traumatic stories became too difficult to listen to. It became easier to revert to locating the hysteria as something within the women themselves, rather than as something caused by their experiences. And so, women were again silenced and the social context that allowed this sexual violence to take place escaped criticism (Herman, 1992). Whilst this happened over a hundred years ago, it reflects the scientific community's current and ongoing difficulty with listening to and believing women's voices. The study of trauma faded until the First World War.

During the First World War, the phenomenon of "shell-shock" rose to public awareness, when soldiers who had experienced the horrors of the trenches began to behave like hysterical women. Military psychiatrists grudgingly came to admit that their condition was caused by the trauma of war, but that only weak 'unmanly' men were vulnerable to these symptoms (Herman, 1992).

After the First World War, interest in 'war hysteria' again died down, until the advent of the Second World War when, for the first time, it was acknowledged that *any* man could break down in the face of armed combat, and that war hysteria or combat neurosis was not something reserved for the weak or unpatriotic (Appel & Beebe, 1946). However, it was only with the

controversial war in Vietnam that long term systematic investigation into psychological trauma began. Herman (1992) suggests that it was only in the political context that framed the Vietnam War as an unjust and discredited war, that it became possible to “recognize psychological trauma as a lasting and inevitable legacy of war” (p. 27). Whilst the research into the trauma suffered by soldiers was instrumental in the development of the diagnosis of Post Traumatic Stress Disorder (PTSD), it is important to note that its focus was on the experiences of men. Perhaps the stories of men were more readily listened to and believed than the stories of Freud’s female patients diagnosed with hysteria.

The third thread of psychological trauma to come to public consciousness is that of domestic and sexual violence which came to awareness as a result of the feminist movement in the 1970s (Sarachild, 1978). The link between this social movement and the research on sexual violence is elucidated in more detail in the following section.

In summary, the history of trauma research reflects the difficulty with listening to the voices of those who have experienced trauma. It is easier to find symptoms of illness, than to listen to stories of suffering.

2.3.2 The rise of feminism and its links with the rise of rape research

In the same way that the study of hysteria and shell-shock, was closely bound in the contexts of their time, so the study of rape and sexual violence has been closely linked with socio-political movements. In the 1960s the rise of the Civil Rights movement brought the issue of human rights into public consciousness and this movement then gave rise to another issue of human rights, that of women’s rights². The feminist movement championed the rights of women and highlighted the inequalities between the sexes in the home, in the work place and in wider society. Women began to demand equal opportunities in education and in the work place. They spoke out about power imbalances between men and women (Evans, 1979). As the feminist

² Whilst, in America, the fight for womens’ rights paralleled the fight for Civil Rights, it is important to highlight the fact that in South Africa these two movements did not occur in parallel. In South Africa the struggle against Apartheid became the dominant struggle against injustice and so women’s rights were subsumed as they devoted their energies to fighting for racial equality. Thus, a focus on gender inequality and women’s issues has only really begun to take centre stage, now that the battle against apartheid has been won.

movement highlighted injustices suffered by women, it brought the problem of rape and domestic violence into the realm of public consciousness.

In 1975, Susan Brownmiller published the first feminist text on rape, *Against Our Will*, and in this book she explains that up until that time rape has not been seen as a 'women's issue'. However, the new feminist discourse framed rape as an example of and symbolic of larger patterns of gender inequality, women's oppression, and men's abuse of power (Clark & Lewis, 1977; Griffin, 1971; Lloyd & Emery, 2000; MacKinnon, 1987). Thus, the feminist anti-rape movement offered a new interpretation of rape, that it is a crime of power and violence and not a crime of sex (Brownmiller, 1975; Buchwald, Fletcher & Roth, 1993).

In the 1970s the feminist movement made radical statements about rape (Brownmiller, 1975; Chasteen, 2001):

Any woman can be a rape victim!

Any man can be a rapist!

*No means no!*³

These tenets were radical in that they reconstructed a definition of rape that focused on *lack of consent*, rather than physical evidence of a *lack of chastity*.

Verbal consent was framed as particularly salient, as illustrated by the well-known slogan 'No means no'. Feminist discourse has sought to judge acts as rapes or not depending not on the man's perception of a woman's interest or virtue but rather on a woman's interpretation of the situation. By constructing rape as any violation of any woman's nonconsent, feminist discourse broadened the meaning of rape to include a wider variety of situations (e.g., marital relationships) and to encompass acts that did not contain overt physical violence (Chasteen, 2001, p. 106).

Feminist discourse also reconstructed the idea of the rapist as an uncommon fringe character who might attack in a dark alley. Feminists argued that this misconception hid the reality that

³ My formatting – not a direct quote

many rapes are perpetrated by acquaintances, and often by men whom women think they can trust.

Whilst these statements appeared radical at the time, they have now been incorporated into Western contemporary culture, women's everyday understandings of rape (Daly & Chasteen, 1997), and even legal statutes (Estrich, 1987). Today, stories of rape are prevalent in the media and there is a growing body of research into the harmful effects of rape and its impact on society (Brooks, 1997; Koss, 1993; Resick, 1993;). Not only is there more attention paid to the problem of sexual violence, but the nature of the attention has shifted and is quite different from the pre-1970s discourse (Chasteen, 2001). The feminist movement challenged everyday assumptions about the causes and consequences of sexual violence and it brought phrases and concepts like "date rape" and "rape trauma syndrome" into public awareness.

According to the social constructionist perspective on social problems, situations must be actively 'constructed' as problematic before they will be publicly recognized and acknowledged as harmful (Chasteen, 2001). Best (1999) explains that while sexual aggression is not a new phenomenon, the meanings attached to acts of forced sex have dramatically shifted over time. In the United States rape has been redefined as a social problem. He suggests that the rise of the civil rights and the feminist movements has resulted in a move away from "blaming the victim". This has created a new ideology which has challenged rape myths, (discussed in more detail in section on 'Understanding of Rape') and highlights the high risk of 'random violent victimisation'. Best (1999) uses the term *new victims* for 'categories or social types describing people whose sufferings came to widespread public attention sometime around or after 1975' (p. 91). He explained that "in most cases, these new victims do not experience brand-new varieties of suffering; their advocates usually argue that these forms of victimization have long histories, but that they have been systematically ignored, neglected, or hidden from view" (p. 95). Best (1999) identified rape survivors as one of the categories of *new victims* that has gained the most widespread acknowledgement by the public and in the legal domain as a legitimate type of crime victim.

Whilst it is true that the feminist struggles to empower women, have resulted in a new societal response to, and understanding of rape. The theoretical view that a social problem is

'constructed' and not 'revealed' (Best, 1999) has implications for the problem of sexual assault. This perspective denies there being any inherent or fundamental problem with sexual assault, and suggests that the harmful or problematic nature of gender based violence is a function of societal discourse alone. There is a possibility that this denies the rape survivor's individual experience of trauma, where the problem is something that is a function of social power dynamics between men and women, and not something that is intimate, individual and traumatic. If sexual violence is only a problem, because it is socially constructed as such, then the pernicious and pathogenic nature of the physical act is once again effaced, perhaps in a way that is not too dissimilar from Freud's hysterical patients whose traumatic experiences were renamed as sexual phantasies constructed in the mind. Examining rape at the social and societal level and discussing the problem of rape as a social construction, may just be another way of silencing the real and visceral experience of rape survivors. Sexual assault is a violent physical, sexual act and anything which reduces it to a construction, either of the individual's mind or to society's political movements, denies the ontological reality of the violence and its aftermath. Nonetheless with the social acknowledgement of rape came research into the impact of rape which is discussed in the next section.

2.4. The psychological impact of rape

As the social context became more aware of the prevalence of gender-based violence, so researchers began to explore the impact of rape on survivors.

2.4.1 Rape Trauma Syndrome

In an attempt to examine specific patterns of experience and symptoms in rape survivors, Burgess and Holmstrom (1974) tracked rape survivors and documented their experiences and symptoms over six months. Using this data they coined the term *Rape Trauma Syndrome* to describe the common experiences of rape survivors in the months following an assault. They suggest that there are three distinct phases in someone who is suffering from rape trauma syndrome: the Acute Phase (24-48 hours post assault); Outward Adjustment Phase; and the Reorganisation phase, where survivors experience flashbacks and often move house, change jobs, and change the locks on their houses in an attempt to 're-organise' their lives and avoid a repetition of the assault (Burgess & Holmstrom, 1974).

The work on Rape Trauma Syndrome is crucial to the body of literature on rape as it acknowledges rape as a specific trauma with survivors displaying a specific pattern of responses. This research makes an attempt to listen to and document the experiences of women who have survived sexual assault.

What Rape Trauma Syndrome has offered rape survivors

With the clinical research on the impact and sequelae of rape, Rape Trauma Syndrome became admissible as expert testimony in court cases, although there has been much debate as to how it should be used. Expert testimony in the area of Rape Trauma Syndrome has been used in two main ways: firstly, to rebut defenses of consent or fabrication through evidence of postassault trauma symptoms such as nightmares, sleeplessness and fear of being alone; and secondly, to explain counterintuitive behaviour such as being calm and composed, or failing to report the rape for days or even months (Stefan, 1994). Most commonly it has been used to foil defense arguments that the victim did not display an emotional reaction immediately after the incident and consequently could not have been raped. Experts in these cases have used the research to show that many women who have been raped exhibit the 'controlled style' of acute reaction where they do not visibly express their reactions to the incident. The feminist movement has sought to make expert testimony regarding Rape Trauma Syndrome admissible in courts, and this has facilitated in validating women's stories of suffering (Block, 1990; Trowbridge, 2003).

Criticism of the Rape Trauma Syndrome framework

Whilst it is true that Rape Trauma Syndrome has raised awareness into the impact of rape and has helped to gain convictions, various criticisms have been leveled at the feminist focus on Rape Trauma Syndrome.

Stefan (1994) highlights the fact that Rape Trauma Syndrome pathologises the adaptive responses of rape survivors, and thus shifts attention away from the prevalence of violence against women to women's reactions to violence. Another striking feature of 'symptoms' such as these is that they are symptoms that show privilege. Most of the Rape Trauma Syndrome research has been done with white middle class women. It is significant that the initial Rape Trauma Syndrome study excluded sex workers and mentally ill women. Poor and homeless

women and women from minority groups do not, for example, have access to the 'symptom' or privilege of changing locks on the doors! Koss and Harvey (1991) point out that women from these groups are rarely identified as having Rape Trauma Syndrome.

Initially, activists had made rape part of public discourse and they spoke of "taking back the night" but with the new professional scientific interest in rape, this empowered anger was lost and soon the focus shifted to "therapeutic management of the victim" (Martin, 1993).

Rape trauma syndrome recognizes women's pain at the cost of their anger; it makes the only legitimate source of pain the rape itself and the only appropriate target of anger the rapist. This is precisely the opposite of what the early politicized feminists felt: anger at a system that permitted, condoned and upheld violence against women (Stefan, 1994, p. 12).

Another criticism that Stefan levels against the use of the Rape Trauma Syndrome label is that much of the research on rape that has yielded this syndrome or pattern of responses excludes women who have psychiatric diagnoses. This paradoxically silences the women who in fact are most vulnerable to sexual assault. Stefan (1994) points out that: on the one hand, Rape Trauma Syndrome pathologises rational healthy attempts to survive sexual assault; and on the other hand when rape has caused "craziness and emotional disintegration" the connection between the sexual violence and these symptoms is erased. In both, she claims that women are disempowered and their own account of their experiences is not heard.

Another fundamental problem with Rape Trauma Syndrome is that it claims to describe the 'typical' responses that a woman will exhibit after she has been raped. However, the reality is that most women elect not to report the rape. Thus, the "typical" rape survivor is actually one who never reports and has a strategy of "silence, survival and the ability to pass for 'normal'" (Stefan, 1994). Trowbridge (2003) highlights the fact that different studies have found contrasting patterns of 'typical responses' and so it is difficult to define a predictable and 'typical' response to rape. What is 'typical' in the United States is even less applicable in South Africa where the context in which rape occurs is overlaid with poverty, inequality, and strongly patriarchal values. Attempting to reduce the response to rape to a 'typical' set of symptoms and

behaviours, disallows us from hearing the complexity of this experience and its multi-faceted impact on women's lives.

In much of the psychiatric research on rape, anger and outrage are seen as aberrations, and women's voices become silenced under a cloud of symptoms. Metzger (1976) wrote, "My experience and the experience of the women I know tells me that there is no cure for rape other than community....rape is not a disease that can be treated or cured: it is a loss like death, that must be mourned and grieved" (p. 405).

It is interesting when examining the understandings of rape as described by Chasteen (2001), to look at her finding that rape survivors were more likely to give a *stealing* analogy than a *destruction* or *illness* analogy, whereas women who had never been raped described rape as being something destructive or like an illness. Perhaps, this coincides with Metzger's view expressed above. Extending this further, could it be the discourse of Rape Trauma Syndrome which is creating an understanding of rape as a destructive condition or illness in those who have never experienced it, whereas, in women who have experienced it there is a sense of rape stealing something that is rightfully theirs?

Thus, Rape Trauma Syndrome focused social, judicial and clinical attention on the impact of rape on survivors. However, it has been criticised for pathologising women's responses, rather than acknowledging their resilience and resourcefulness in dealing with a shocking and overwhelming experience. Anger becomes symptomatic of illness, rather than a justifiable response to a context where rape is prevalent and almost implicitly permitted. What this critique suggests is that in order to document a more complete picture of the impact of rape, it is vital that the complexity of the experience is captured. Women who are suffering are also fighting their way back to recovery. They are not passive victims, and we need to hear the stories of their active and resourceful struggles as they process this experience. We need to heed their expression of anger, rather than pathologise it.

2.4.2 *Post Traumatic Stress Disorder*

With the new focus on women's responses to rape, researchers found that many rape survivors displayed symptoms that could be understood within the diagnosis of Post Traumatic Stress Disorder (PTSD), which was first included in the Diagnostic and Statistical Manual (DSM) – III in 1980. This diagnosis is different from the other diagnoses in the DSM because it specified a Criterion A event (i.e. an overwhelming and traumatic event “outside the realm of normal human experience”) as being essential to the diagnosis. Thus, it was the only diagnosis which specified that it was caused by an external event, rather than by an intrinsic, internal weakness. However, feminists argued that many traumatic events are in fact common experiences for women and so the definition was revised in 1987, to specify a terrifying and life threatening event (DSM-III-R, 1987). The addition of the PTSD diagnosis to the DSM, meant that it had medical authority as a diagnosable ‘disorder’ and carried more weight. It became more useful for legal and medical and research purposes than RTS had been. Thus, RTS became subsumed within the PTSD framework.

As a result of the growing body of literature on PTSD, it is well documented that traumatic incidents induce a feeling of terror in those who experience them. According to the *Comprehensive Textbook of Psychiatry*, the common feature of all traumatic experiences is the feeling of “intense fear, helplessness, loss of control, and the threat of annihilation” (Andreasen, 1985, p. 918). Whereas the normal human response to danger is a complex one where the body prepares itself for action, whether it be fight or flight, a traumatic reaction develops where no such action is feasible or possible. When neither fight nor flight is possible the human system of self-defense becomes disorganized and fragmented.⁶ Traumatic experiences cause lasting changes in the normal systems of physiological arousal, cognition, emotion and memory. Often these systems become dissociated from one another, and so survivors can experience a flooding of emotion without a clear memory of an event. Or alternatively, they might be able to remember a traumatic incident but be cut off from the emotions associated with it (Herman, 1992). The key symptoms of PTSD fall into three main categories:

- *Hyperarousal* – the person’s arousal system goes into overdrive and an exaggerated startle response develops, that is often triggered by stimuli that remind the person of the traumatic incident.
- *Intrusion* – long after the traumatic event is over, traumatised people experience flashbacks and a reliving of the experience. These flashbacks intrude into normal day to day life, often paralyzing the person and preventing him/her from going about his/her daily activities.
- *Constriction* – this occurs as the person freezes or surrenders in the face of their extreme helplessness. In a sense they become numb or dissociated from the traumatic event. This reduction or constriction in response and perception serves a protective purpose during the traumatic incident, but the continuation of a constricted approach to living is diagnostic of PTSD. The defensive nature of constriction becomes counter productive as people’s lives and experiences become limited and they have limited opportunities to have corrective experiences where they are empowered.

Herman (1992) coined the term “the dialectic of trauma” to describe the oscillation that trauma survivors experience, between intrusion and constriction. She explains that the oscillation between these two extremes does not allow the experience to be integrated in memory.

She [the survivor] finds herself caught between the extremes of amnesia or of reliving the trauma, between floods of intense, overwhelming feeling and arid states of no feeling at all, between irritable, impulsive action and complete inhibition of action. The instability produced by these periodic alternations further exacerbates the traumatized person’s sense of unpredictability and helplessness” (p. 47).

What do contemporary Western models of trauma offer rape survivors?

Whilst these models do have limitations, the trauma response model and the clinical diagnosis of PTSD have been useful in understanding rape victims’ reactions and experiences in various ways. They have replaced older understandings that labeled women with ‘hysteria’ and thus regarded women’s reactions as “characteristics” or inherent “weaknesses”. The shift towards

PTSD and its requirement of a stressful Criterion A event, reconceptualises the woman's reaction as something that is a response to a real external stimulus and not something the victim has brought upon herself (Gilfus, 1999). The diagnosis of PTSD has also resulted in a wide body of research into treatments that will alleviate PTSD, and these treatments have been shown to provide some relief for rape survivors (Foa, Rothbaum, Riggs & Murdock, 1991; Foa, Molnar & Cahman, 1995; Resick and Schnicke, 1992;). The development of the diagnosis of PTSD has facilitated the development of reliable measurement tools that have been used to investigate both the harm and prevalence of sexual assault and other traumas. A clinical diagnosis of PTSD has also assisted women in accessing mental and physical health services, as insurance companies require a diagnosis in order to pay out.

Criticisms of the Post Traumatic Stress Framework

Whilst PTSD may describe the response of many women to rape, it is not exhaustive. Statistics vary but suggest that between 73% and 94% of rape victims meet symptomatic criteria for PTSD in the immediate aftermath of rape (Kramer & Green, 1991; Rothbaum, Foa, Riggs, Murdock & Welsh, 1992). However, some studies show that fewer than a third of rape survivors present with significant PTSD symptomatology (Kilpatrick, Seymour & Edmonds, 1992). It is also interesting that there is an assumption that PTSD symptoms are a way of measuring the distress of the rape survivor. In places where women have to re-engage with social relations laden with prejudice and blame towards rape victims, it is perhaps inadequate to assess their distress in terms of the number of psychiatric symptoms they experience. There are limited studies that ask women to voice the most distressing parts of their experience for themselves. Whatever the levels of DSM-IVR PTSD, the important fact to consider is that there are other significant forms of distress and harm that are caused by rape. Herman (1992) and Goodman, Koss and Russo (1993) describe other typical features of psychological distress as being: damaged sense of self-worth, feelings of objectification, self-blame and shame. The physical aspects of distress are also not considered in PTSD and yet it is documented that rape survivors are twice as likely as non-survivors to report medically explained health problems including chronic diseases such as diabetes, arthritis and asthma (Golding, 1994).

In the same way that the physical manifestations of distress that are seen in survivors of sexual assault in America are overlooked in the PTSD framework, it would be interesting to examine

the role of a somatising expression of distress in Africa. There appears to be some evidence that sexual trauma is more likely to be seen in somatising and physical complaints than in verbalised emotional reactions in Uganda (Swartz, 1998). Wasco (2003) argues that PTSD Symptoms reflect an “ethnocentric concept of distress” and that trauma reactions may vary in different cultural and ethnic groups. Marsella, Friedman & Spain (1999) suggests that whilst flashbacks may be common to all ethnic groups, the profile of hyperarousal and numbing may differ according to one’s ethno-cultural affiliation. There is limited research into the patterns and experiences of women from ethnic minorities or communities in the so called “developing world”. Jenkins (1991) conducted research with Salvadorean women and found that in addition to more typical PTSD symptoms, these women described feelings of *calor* (heat) and *nervios* (worries) that are unique culturally specific responses to trauma. *Calor* is a well known phenomenon of intense heat that is felt throughout the body in times of distress. Jenkins (1991) contends that her findings indicate that there are specific cultural responses to distress that are made invisible by the blanket application of Western PTSD classifications. In the same way, it would be interesting to explore the more specific South African responses to the trauma of rape.

Research using the PTSD framework has yielded mixed findings in its attempt to ascertain the relationship between assault characteristics and PTSD severity. For example, some researchers have found a higher rate of PTSD in survivors of rapes perpetrated by strangers, using a great deal of force and resulting in physical injury (Bowie, Silverman, Kalick, Edbril, 1990; Epstein, Saunders & Kilpatrick, 1997); however, an equivalent number have found that these factors have no effect on level of psychological distress (Kilpatrick et al., 1989; Riggs, Kilpatrick & Resnick, 1992).

Wasco (2003) argues that these discrepancies may be due to the limited conceptualizations of trauma that do not take into account the broader social context of survivors’ lives. It is perhaps not the assault characteristics themselves, but the context in which these assaults occur that affects the PTSD severity. The psychiatric PTSD diagnosis fails to capture a more nuanced response to trauma which may not be classifiable as PTSD. Within the PTSD framework, traumatic events are conceptualized as experiences that provoke extreme feelings of fear, horror, and threat to life or integrity. The difficulty with this, is that “it highlights the extreme aspects of the sexual assault but it does not address the specific, cultural, social, and relational

context in which sexual violence usually occurs” (Wasco, 2003, p. 311). In treating rape as an event, the continuum of struggles with poverty, inequality and injustice are not considered and women’s resilience in the face of trauma is effaced.

Furthermore, Western trauma models speak of the single traumatic event which shatters assumptions about the world as a safe place (Janoff- Bullman, 1992). Ironically, this argument is based on the assumption that a traumatic event is a single isolated incident, whereas in fact in a developing world contexts, such as that where this present study is located, trauma is more a series of strands woven into the network of people’s lives. The idea that the world is a safe, just and predictable place is one which is laden with white middle class notions of normality. The reality is that for minority groups in America and for societies in the non-Western world, the world is saturated with injustice and insecurity and a traumatic event such as rape confirms rather than shatters assumptions about the world (Gilfus, 1999). It has been suggested that the damage to survivors in these population groups may be more insidious and far-reaching than a single act of rape, and the intersection of factors such as race, class, gender, ethnicity and previous victimization history may generate a pattern of damage and recovery that is far more complex than is described by the single event and response models of trauma (Harvey 1996 Harvey 1996; Wasco, 2003;). These models are too simplistic and again efface the backdrop of the trauma of poverty, oppression and injustice that often facilitates the perpetration of rape in the first place.

2.4.3 Broadening the conception of trauma

In view of the criticism and limitations of RTS and PTSD discussed above, it is important to look at the more complex multifaceted experiences of rape survivors. There is a growing body of research that looks beyond symptoms and captures some of the complexity of the experience of rape survivors.

Insidious Trauma

Broadening the conception of trauma helps to encourage a multifaceted understanding of the experiences of women. Root (1992) coined the phrase *insidious trauma* to describe the trauma associated with the devaluing of an individual’s status because of a characteristic of their

identity (for example, race, class, gender, sexual orientation etc.), “Exposure to insidious trauma may lead individuals to conclude that an unchangeable aspect of their identity justifies their unequal worth and lack of protection from danger” (Wasco, 2003, p. 315).

In South Africa, with our history of Apartheid, and until recently, our poor history of women’s rights it is likely that many women have experienced insidious trauma that has made them more vulnerable to sexual assault.

Recently, ecological models have been developed to account for victims’ responses to rape. Community psychologists have applied an ecological analogy to help understand psychological trauma. This analogy understands traumatic incidents as, “ecological threats not only to the adaptive capacities of individuals but also to the ability of human communities to foster health and resiliency among affected community members” (Harvey, 1996, p. 5).

Harvey, (1996) proposed a “Person by Event by Environment” model which highlights the fact that individuals are not equally affected by traumatic events; they do not all have access to post traumatic intervention; and they are differently affected by that intervention. This model takes into account influences such as class, education, and social support and contends that the ecological fit between an individual and her social context is of fundamental importance in response to and recovery from trauma. Harvey, (1996) highlights the importance of a multidimensional approach to trauma assessment and recovery, where survivors’ areas of resilience and strength are incorporated into intervention and recovery.

Neville and Heppner, (1999) have further developed this work with their Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR) which is a set of individual and extra-individual level factors associated with victims’ subjective experiences of rape and consequently, their differing patterns of responses following rape.

Secondary victimisation

In addition to considering the individual’s subjective experience of rape, it is important to examine the community response to a rape survivor. Often communities blame the survivors, and many survivors experience social stigma. This has been called *secondary victimization*, or

the second injury (Madigan & Gamble, 1991). There is evidence that the reactions of service providers such as police, physicians and lawyers, may moderate or mediate the effect of a sexual assault (Campbell, Wasco, Ahrens, Sefl & Barnes, 2001). The research into secondary victimization in South Africa is limited, and there are not many documented analyses of women's experience at the hands of professionals in the aftermath of rape. We do not know the exact levels of secondary victimization that women experience here; however Stanton et al.'s (1997) report on survivors' experiences of the Wynberg Sexual Offences Court, in Cape Town indicates that secondary victimisation is rife.

Chronic Shock and the Interpersonal Effects of Rape

Herman (1992) suggests that some of the key damage that occurs as a result of a traumatic incident is the disconnection that is caused between people. It is interesting that she highlights the role that trauma plays in *relating*, where it causes distance, isolation and disconnection. Trauma is not something that occurs within the individual alone, but within the social network.

Palmer (1991) outlined an additional trajectory in the pattern of response to sexual assault. She suggested that survivors experience chronic shock as a way to understand the effect of sexual assault on interpersonal functioning. Chronic shock focuses on the betrayal of trust rather than the physical violence of sexual assault. This model proposes that some the most significant harm of rape is manifested in disconnection from others, reduced capacity for intimacy, inability to comfort oneself, and distorted loyalty in friendships, marriages, and/or living arrangements (Brown, 1994; Herman, 1992; Palmer, 1991). Palmer suggests that chronic shock occurs when women have no safe place "to process the powerful and frightening emotions that result from the assault" (Palmer, 1991, p. 72).

Survivor-centred epistemology

Gilfus (1999) suggests that there should be an epistemological shift away from traditional trauma theory in the way that we understand the experiences of rape survivors. Instead of gathering information according to our Western trauma classifications we should reframe pathology as strengths, survival and resistance strategies of women. Allowing women to tell their stories, allowing them to express their own understandings of what has happened to them, in a sense is a way of giving them back some of the agency that the rape has taken away.

Rather than collecting clusters of symptoms, it is important to listen to women's voices and hear what the net of PTSD symptoms fails to catch. It is important to honour the complexity of women's experiences through listening to their resilience and strength and anger, as well as their pain.

2.5 Understandings of rape

Herman (1992) and Harvey (1996) suggest that understanding and meaning-making are not incidental, but rather are *crucial* to the recovery process. This leads us to the body of rape research that focuses on meaning-making and understanding, and in turn examines the significance of understanding for survivors. Thus, understanding the way women make meaning of the sexual assault they have experienced, is not merely interesting, but rather will inform the ways in which recovery can be facilitated. Herman (1992) argues that trauma has the effect of destroying the bonds between individual and community, and if healing is to occur it is vital to try and reestablish these links. Meaning-making is a process whereby these links can be reestablished and traumatic material can be integrated. It is important to consider both societal meanings and the meanings attributed to events by survivors, in this process of integration. Research into understandings of rape extends from Burt's (1980) famous work on 'rape myths' to more recent work that examines the significance and meaning of rape in women's minds.

2.5.1 Rape Myths

There is a body of literature that describes the cultural meanings and understandings that societies ascribe to rape. Burt (1980) used the term 'rape myths' to describe the stereotyped way in which people view rape, rapists and rape victims. She defined these rape myths as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p. 217). Lonsway and Fitzgerald (1994) define rape myths as "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women" (p. 134). Thus, beliefs that promiscuous women are more at risk, that rapists are usually strangers, and that rape victims secretly enjoy/ask for it, allow society to see rape as something that happens to 'somebody else', rather than something that could happen to any woman at any time. These myths were later classified by Koss, Heise and Russo (1994) to include the following three categories: victim masochism (e.g., they enjoy/want it),

victim precipitation (e.g., they ask for/deserve it, it only happens to certain types of women), and victim fabrication (e.g., they tell lies/exaggerate). These myths have a distancing effect where victims become 'somebody else', and so society can disengage from the social problem of real rape, that often is perpetrated by someone known to the victim, that all women may be a target of no matter how they are dressed, and that is often perpetrated by 'respectable' men (Burt & Katz, 1985). Lonway and Fitzgerald (1994) explain that the belief in these myths allows men to justify sexual violence and women to deny personal vulnerability to rape.

What is striking about rape myths is that in communities where there is a high level of acceptance of rape myths, there is also a higher level of rape (Burt & Albin, 1981). Survivors of rape in these communities experience higher levels of blame and disbelief by authorities and tend to be treated in a less sympathetic way. Thus in cultures saturated with rape myths, recovery for the survivor is more difficult (Sinclair & Bourne, 1998). These myths have been identified within Western contexts, and the lack of systematic research makes it unclear, whether they are a comprehensive or accurate account of the rape myths that are prevalent in South Africa.

2.5.2 Survivors' understandings of sexual assault

Whilst there are extensive studies on rape myth acceptance in the population, there is a paucity of literature that asks survivors themselves about their understandings of rape and their acceptance of rape myths. In addition, the studies cited above reflect the large body of Western research into the meaning and understanding of rape and there is a gap in our knowledge of the meanings and myths about rape within South African culture.

Chasteen (2001) wanted to examine whether the feminist reconstructions of rape had filtered down into women's everyday assumptions about sexual violence. She asked women open-ended questions regarding their definitions and understandings of sexual assault, and she was careful to use a representative sample of women and to compare answers between women who had experienced sexual assault and women who denied having experienced sexual assault.

Chasteen (2001) found that women perceive rape as a highly likely event, and that they realize that they are more likely to be raped by someone they know. She argues that this understanding is as a result of the feminist reconstruction of rape that has brought the reality of the problem into the public domain. Chasteen asked women to provide analogies for rape and the analogies of “what rape is like” given in Chasteen’s study fell into four broad themes: personal destruction, theft, betrayal, and loss of social status. There were differences in type of analogy depending on age and rape history. The analogies of women who were rape survivors were briefer and more succinct.

Women who had experienced rape were two-and-a-half times as likely as women who had not experienced rape, to use an analogy of *theft*, whereas women who had not experienced rape were likely to give an analogy of *illness* or *personal destruction* (Chasteen, 2001). These findings suggest that women who experience sexual assault are more likely to view their experience as theft of something that is rightfully theirs, rather than as an illness within them. It seems important to allow this construction of rape to be listened to and heard. It provides an alternative narrative to the symptom-filled pathologising narratives of RTS and PTSD.

2.5.3 The role of understanding in recovery: a path of growth rather than a state of destruction?

Whilst the research on rape traditionally has focused on its pathogenic nature, there is a new body of literature which examines the growth experience that some women describe in their narratives of recovery and processing of their experiences. There are a number of studies that have revealed possible positive outcomes that have resulted from traumatic experiences such as cancer, contracting HIV and bereavement (Harvey, 1996; Thompson, 2000). Studies by Burt and Katz (1987) and Veronen and Kilpatrick (1983) on clinical samples of women who have been raped report that positive outcomes, such as increased self-worth, can also emerge out of recovering from the trauma of rape. Thomson highlights the importance of positive aspects of dealing with trauma and *not* positive aspects of being raped. Thomson (2000) conducted five depth interviews with rape survivors who had not reported the rape at the time of the assault. She found themes of resilience in the interviews she conducted, where survivors reported a ‘journey of recovery’ where they moved from being “victims” at the time of the assault towards

being “survivors” with increased strength, depth and self-awareness.’ She comments on the “tools of empowerment” that women use to process the rape, such as accessing community support, speaking with friends, and conceptualizing the recovery as a battle to be won. However, there is also quite a lot of vacillation in the women’s narratives between ongoing suffering and recovery e.g. dressing ‘unattractively’ to avoid being raped (Frazier, Conlon and Glaser, 2001) . This highlights the complex and nuanced way in which women make sense of their experience of rape and highlights the importance of meaning-making in the journey of recovery.

2.6 Understandings of rape in South Africa.

Whereas there is a growing literature in the West, which examines the everyday understandings of rape amongst women, in South Africa documented understanding of rape is largely contained within theoretical sociological explanations for its high prevalence.

2.6.1 Theories about the prevalence of rape in South Africa.

Understandings of rape in South Africa are limited to socio-political explanations for its high prevalence, There are various suggestions as to why rape statistics are so high in South Africa. Most of these theories are distanced from the women who experience rape. Vetten (1997) and Robertson (1998) provide a more complex understanding of the factors which contribute to rape in South Africa. There is not space to give a full account of these theories, but in summary they highlight the following factors:

Socio-cultural factors - There are sociological explanations which place the roots for rape in the traditional, male-dominated and patriarchal nature of South African society. Here the concept of “masculinity” is founded on ideas of toughness and interpersonal violence. In South Africa, gangs such as the “Jackrollers” provide evidence of this. The “Jackrollers” are known to rape women as a way of acquiring status as strong masculine men (Mokwena, 1991; Vogelmann & Lewis, 1993) studies have shown that sexual coercion is a common and accepted aspect of relationships. Wood and Jewkes (1997) interviewed pregnant teenagers and discovered that violence was an expected and accepted part of sexual relationships within a South African township.

Historical factors - It has also been suggested that South Africa's history of apartheid and human rights abuses have created a "culture of violence" where men have been systematically disempowered and have been left feeling emasculated. Thus rape may be a displacement of aggression where men attempt to reassert their dominance and power over the weaker members in society – the women and children (Vetten, 1997).

Judicial factors - The high prevalence of rape has been blamed on the inadequacies in the criminal justice system. Rape has one of the lowest conviction rates of all serious crimes in South Africa. Perpetrators frequently evade arrest and conviction and continue to intimidate the women they have assaulted. There are limited resources for effective witness protection services and so women often withdraw or fail to report cases as they fear intimidation by the perpetrator (Stanton, Lochrenberg & Mukasa, 1997).

The role of substances - Parry (2000) found that 44% of men arrested for rape or attempted rape in South Africa tested positive for dagga or mandrax. The relationship between poverty, substance abuse and sexual violence is a complex one, but there seems to be a correlation between the prevalence of substance abuse and the prevalence of sexual violence.

Rape as a cure for HIV - Evidence suggests that there is a cultural belief that raping a virgin is a way to cure someone of the HIV virus. This has been offered as an explanation for the high incidence of rape of young girls and children (Bowley & Pitcher, 2002; Jewkes, Martin & Penn-Kekana, 2002)

2.6.2 Gaps in the South African literature on understanding rape

Whilst these theories and suggestions, have merits and add to our understanding of rape in South Africa, there is a significant gap. These theories are rooted in sociological, anthropological, and legal discourse. This understanding has a "top-down" quality, where the voices of the women who are experiencing the rape are lost or silenced or absent. There is a dearth of literature that actually explores the understanding and experience of rape from the perspective of the rape survivor. Do survivors conceptualise rape in the ways mentioned above?

Why do South African women feel that rape is such a problem and is the way that they may understand rape significant in their journey of recovery?

2.7 Focus of this study

This study seeks to provide a more complex and multifaceted account of the experience of rape in South African women. As highlighted above, there is a great deal of Western research into the traumatic experience of rape, but there are queries as to its applicability in the African context. South African research into the problem of rape tends to deal with the epidemiology and demography of rape. There is a dearth of published literature that tells of the experiences of rape survivors in South Africa. Whilst this is understandable in the face of such overwhelming figures on the gravity of the problem of sexual assault, I feel it is important to allow the individual voices of women who have suffered this ordeal to be heard, and not effaced under demographics and statistics. In this study, I hope to allow the ripple effect of the trauma of rape to speak and be felt. The aim of this study, is thus to foreground women's voices and to allow their voices, understandings and stories of sexual assault to speak to and dialogue with the canon of Western literature on rape.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter outlines both the theoretical methodology used in this study, and the actual research process that was employed. Thus the Methodology section explains and justifies the choices made in the theoretical approach, and the Methods section describes the details of subjects and interviews and data analysis.

3.2 Methodology

The aim of this study was to capture some of the complexity of the experience and understanding of rape survivors in South Africa. This focus on the foregrounding of women's voices impacted on the methodological decisions that informed this research. A qualitative design was used that was based in the theoretical principles of feminist and social constructionist research.

3.2.1 Principles of feminist research

Parker (2005) suggests that feminism has “historically been the most important source of new ideas for qualitative methods in psychology” (p.2). Feminist thought has influenced not only the research questions that psychologists ask about women's experiences, but also the *methods* that are used to find answers to these questions. The key realisation that “knowledge is different for the powerful than it is for the oppressed” (Parker, 2005 p.2). Hartsock (1987) highlighted the ways in which the traditional methods in psychology maintained patriarchal power imbalances. “Malestream” methods of gathering facts and figures and testing hypotheses have been criticized for disempowering and silencing women (Maynard & Purvis, 1994).

Traditional psychological science has been criticised for being centred on male experience and ways of knowing (Burr, 1995). In patriarchal societies the masculine and feminine are constructed as opposites and dichotomies of knowledge are constructed and gendered accordingly. Thus, thinking is male – feeling is female; activity is male – passivity is female;

intelligence is masculine – sensitivity is feminine; culture is male - nature is female; reason is masculine – intuition is feminine. Hence, as these gendered dichotomies highlight, the world of science is dominated by the overvaluing of the masculine concepts of thinking, reasoning and intelligence and the concepts constructed as feminine are devalued and regarded as ‘contaminating’ to scientific research. Feminist research needs not only to focus on studying women’s experiences, but it needs also to value feminine ways of knowing. It highlights the danger of seeking knowledge about women through using only masculine ways of knowing.

Oakley (1998) and Jaggar (1989) take this a step further, and challenge the dichotomising of masculine and feminine approaches to research and the labeling of quantitative methods as masculine and qualitative methods as feminine. They suggest that this masculine – feminine dichotomy is itself a socially constructed one that limits and labels what is feminine. They propose that a more integrated approach values *both* thinking and feeling. In order to do this, feminists propose that our emotions and experiences are legitimate sources of knowledge: “Emotions are neither more basic than observation, reason, or action in building theory, nor are they secondary to them. Each of these human faculties reflects an aspect of human knowing inseparable from other aspects” (Jaggar, 1989, p. 165).

Feminists have highlighted five key features of psychological research that need reform: Firstly, the view of the scientist as an independent observer; secondly, the notion that laws of behaviour can be accessed through experimental methods; thirdly, the assertion that research is value free; fourthly, the belief in objectivity; and fifthly the idea that “scientific” methods and truths are superior to other forms of knowledge (Devault, 1990; Gergen, 2001).

Feminism acknowledges that women are oppressed due to their gender, and feminist research seeks to shed light on women’s lived experience and challenge gendered power imbalances. These principles lead many feminists into the field of qualitative research.

3.2.2 Qualitative Research

Early psychological research in the 19th century aimed to study the internal world using the techniques and methods of the natural and physical sciences (Gergen, 2001). Thus emphasis

was placed on using the Scientific Method in order to discover the ‘truth’ about human behaviour. The scientist located himself outside of the subjects he was researching and aimed to discover the rules and laws that govern human behaviour, through rigorous observation, experiment and deduction. The ethos of this time was informed by the Enlightenment, Modernism and the ensuing grand narratives of Knowledge, Power, Truth and the Self. However, in the 1960s with the rise of the feminist and civil rights movements, a crisis developed in the social sciences. These movements highlighted the fact that the objective “reality” of quantitative findings did not apply to all groups or all individuals equally (Parker, 2005). With the rise of postmodernism and social constructionism, these grand narratives came into question. The concept of a universal ‘truth’ was criticised, and a new interest on the role of context and socially constructed reality gave rise to qualitative research. This new approach to research acknowledged subjective and socially constructed nature of the research relationship. “Qualitative researchers stress the socially constructed nature of reality, the intimate nature of reality, the intimate relationship between the researcher and what is studied and the situational constraints that shape enquiry” (Denzin & Lincoln, 1998, p.8).

Cresswell (1998) outlined five basic assumptions of qualitative research: firstly, reality is construed as multiple, subjective and socially constructed (ontological); secondly, an empathic relationship is valued and acknowledged between researcher and subjects as objective accounts of a social world are seen as unattainable (epistemological); thirdly, research is no longer seen as value free or apolitical; fourthly, language itself, and the way it constructs reality is important in qualitative research, where the researcher is situated within the narrative rather than outside it (rhetorical) and fifthly, qualitative research uses an inductive emergent design that develops with the research process (methodological). These assumptions parallel the principles of feminist research discussed above.

Thus, in qualitative research, context is vital and researchers focus on *the meaning of experiences* rather than the rules that govern them. This focus on meaning necessitates paying attention to how individuals understand and interpret their own lived experiences, rather than merely describing what those experiences are (Denzin & Lincoln, 1998). Whereas quantitative designs use validated instruments that impose a current understanding of a phenomenon onto a new sample of subjects, qualitative designs seek to uncover *new understandings and*

variabilities (Parker, 2005). Whilst quantitative findings have statistical power, they tend to diminish variability and fail to acknowledge the complexity of human experience (Harre & Secord, 1972). As this research aims to pick up *differences and subtleties* in the experience of a group of South African women rape survivors, a qualitative approach was necessary. The study sought to avoid imposing Western understandings of rape and trauma onto women's experiences, and rather to listen for the variability of women's voices and stories.

3.2.3 *Social constructionism*

As outlined above, this study works on the assumption that reality is socially constructed rather than absolute. Adopting a social constructionist framework allows for an analysis of social phenomena which is focused on meaning, context and discourse (Mason, 2002). A social constructionist framework focuses on the meaning-making process of subjects; it acknowledges subjects as agents rather than as passive exemplars of Western knowledge systems. This approach also facilitates an examination and criticism of hierarchical knowledge and power systems, where understandings held by the powerful experts are viewed as more 'true' or 'real' than understandings held by the less powerful. Parker (2005) suggests that we must beware of "regimes of truth" in psychology and must focus more on *how we know things*, than on *what we seek to know*.

As this study aims to look beyond the 'truth' of Western classifications of trauma as outlined in, for example, PTSD and RTS, it is vital that the meaning-making process of the rape survivors is acknowledged and foregrounded. Rather than searching for the 'truth', post modernists address the ways in which meanings are negotiated, the control over meanings by those in power and how meanings are constructed in language. Durrheim (1997) outlines four tenets that inform Social Constructionist research:

1. Knowledge is sustained by social processes
2. A critical stance towards taken-for-granted knowledge must be adopted
3. Knowledge is seen as being culturally and historically specific
4. Knowledge and social action go together and research should inform social action.

In acknowledging that research is a social process, which is culturally and historically specific, it is important for the researcher to consider her positioning and her role as she co-constructs meaning with the participant.

3.2.4 *Reflexivity*

Parker (2005) contends that our reflexive engagement in research must be structured within a theoretical framework, in order to make our subjectivity a valuable resource in the research process. He suggests that reflexivity requires locating ourselves within three layers of the academic context of research. This means acknowledging:

- historical assumptions about what research is and who should do it;
- institutional constraints on what questions can be asked and who can answer them; and;
- personal alliances that open up some issues and close others down (Parker, 2005 p. 25).

Considering these three layers for the purposes of the present study, informs and impacts on the co-construction of the meanings and knowledges about the women's experiences of rape.

Historically, researchers were people with power. Usually they were men, with access to privilege and good education (Burman, 1990). Scientists were revered and respected and their opinion was sought. When women were involved in research, it was usually as the object of study. At the end of the 19th Century with Freud's groundbreaking research into hysteria, women were the subject of masculine scrutiny. Women were passive objects of investigation. Their stories were constructed by men: "the clothed doctor or artist and the naked patient or model becomes the image of gender relations in Western culture" (Bonner, Goodman, Allen, Janes & King, 1992, p. 35).

This scientific discourse with doctor or researcher as 'expert', 'male', 'powerful', 'knowledgeable' and 'omniscient' still affects the research process today. In South Africa, this imbalance of power is reinforced and further complicated by our history of Apartheid, where unequal access to education meant that 'researchers' or 'doctors' were usually white, and consequently viewed with suspicion. Thus, my position as a white researcher in this study

carries connotations of power, injustice and historical suspicion that influence the ways in which my questions are understood and responded to. It also influences moments of disconnection and misunderstanding. A further layer that impacts on the research is my identity as a Zimbabwean, which I acknowledge to participants. For this creates interesting nuances in the research relationship, where in a sense I am “othered” (and I other myself) further as a foreigner, but I am also ‘othered’ from the ‘white South African identity’ which perhaps lessens the mistrust that is associated with me being white. It is hoped that through acknowledging and exploring my position as researcher and the way it is informed by all aspects of my identity, allows a more intelligible reading of the survivors’ stories (Parker, 2005).

It is important to be aware of the historical image of the clothed doctor and naked patient when conducting research on rape. The rape survivor is herself made naked and raped by the perpetrator, she is then subject to medical examination by an often male doctor in South Africa, and then her thoughts and experiences and vulnerabilities are exposed to the safe, clothed eye of the researcher. In order to minimise this power imbalance and the replication of this symbolic gender relation, I have made myself present in the research. In the Results and Analysis chapter, I write in a way which acknowledges my experiences and thoughts and where they come from. I acknowledge my identity as a white privileged professional woman and the impact this may have on the stories I am told and the way I analyse them. In a sense, I aim to allow for some disrobing of myself at the same time as allowing the women I interview to have choice in the narratives they tell and therefore choice about the extent of nakedness they are comfortable to reveal. I must acknowledge however, that in my interpretations of the narratives, I as a woman am making choices in constructing and interpreting them, and this in a way maintains the power imbalance inherent in any research. However, by openly exposing the ways in which I am making choices in interpreting their stories I am hopefully limiting and leveling the power imbalance of the expert researcher- inexperienced subject dichotomy.

In order to address the limits that institutions place on questions that can be asked and the ways in which they can be answered, I acknowledge the choices the women made in terms of the location of the interviews (Parker, 2005). As discussed in the Results and Analysis chapter, the women elected to be interviewed outside of their contexts, choosing a large, famous and historically white academic hospital as the site of the interview, despite the fact that it meant

more inconvenience for the women. By acknowledging the impact of this explicitly, it is hoped that the analysis is made more complex and complete.

In addition to considering the influence that history has had on the co-construction of meaning, it is also important to consider current emotions and reactions within the interviews, and their impact on the ways in which meaning was negotiated. Rebecca Campbell, in her text *Emotionally Involved: The impact of researching rape (2002)*, highlights the value of feelings and emotions in the research process. She asserts that emotions help rather than hinder the research process especially when working with a subject like rape. This study proved emotionally evocative for both myself, the translator and the transcriber. These emotions impacted on the co-construction of meaning that we took part in. Different emotions experienced in each interview directed our prompts and interjections in different ways. This resulted in the generation of different narratives. Whereas traditional masculine approaches to research would require the eradication of these emotions in the service of finding unbiased knowledge, I actively claim that my emotions and those of my co-researchers are valuable sources of understanding. Our experiences are discussed further in the Results and Discussion Chapter, but for the purposes of methodology I feel it is important to acknowledge that in my attempt to hold a feminist ethos as I did this research, I have aimed to acknowledge and value my emotions and feelings as being vital to the knowledges and understandings that evolved during this study.

This research aims to foreground women's voices as they speak about their experiences of sexual assault. However, I acknowledge that the choices I make in doing this are informed by my position. I am presenting a co-constructed representation of their experiences, rather than a documentation of their 'lived reality'. I hope to allow the variability and complexity of their experiences to be revealed through methods which value multi-gendered 'ways of knowing' where understanding and reason are informed by feeling and intuition.

3.3 Methods

3.3.1 *Research question*

The aim of this study is to foreground women's voices and to allow their voices, understandings and stories of sexual assault to speak and to dialogue with the canon of Western literature on rape. It seeks to explore the experience of rape from the point of view of those who have survived it. It aims to answer two central questions. Firstly, how do these rape survivors make sense of rape; what meanings do they ascribe to their experiences? Secondly, to what extent do Western classifications of trauma provide useful frameworks for understanding the experience of rape in a group of women from the Cape Flats in post-apartheid South Africa?

3.3.2 *Research context*

As outlined in the Introduction, this study formed the qualitative component of a larger quantitative study, The Post Exposure Prophylaxis (PEP) Study. The PEP Study's key focus was on investigating adherence to anti-retroviral medication following sexual assault.

3.3.3 *Participants*

Selection

The ten women were not selected randomly. Initially, I met with the nurses to discuss the semi-structured interview schedule and explain the types of questions I would be asking. Then the nurses were asked to recommend women who might be willing to discuss their experiences in more depth than the quantitative interviews had allowed. They were asked to take into account the strength of the women, and to think about whether the women they recommended might be adversely affected by the in-depth interviews that I intended. This was due to the fact that we could not guarantee sufficient mental health support for survivors who may be vulnerable to the in-depth nature of the interviews. As these women were selected for being more verbal and willing to speak about their experiences, the narratives of these women may reflect a higher level of resilience and resourcefulness than is representative of the other survivors in the study. However, given the fact that the intention was to look at women's constructions of rape, rather than to seek out stories of pathology, it was felt that this approach was justified. In addition, this method of participant selection was chosen because of our concern about the possible retraumatising effects of asking about the rape and its aftermath. Interestingly, whilst the aim

of this method of selection was expected to result in more resilient women being interviewed, in three cases the nurses asked women whom they were particularly worried about and felt ill-equipped to deal with. Thus, two of the women who had expressed feelings of suicidality, and one who had sero-converted following the rape were interviewed for this research.

Demographics

Whilst the women were not selected randomly and no deliberate effort was made to ensure a representative sample, the demographics and details of the assaults are remarkably representative of the sample of 140 women enrolled in the wider PEP study.

The women were aged between 14 and 27 years, (mean= 21 years, median =22years) with seven of them being in their twenties. Six of the women were Black and four of them were Coloured and Afrikaans speaking. Three of the Black women and all of the women who spoke Afrikaans elected to speak English in the interview despite the presence of a translator. This is discussed further in the next chapter.

PEP Study records indicate that the women were all from low-income-bracket households (defined as a household income of less than 40 000 rand per year) and lived within the catchment area of Jooste Hospital. Two of the women had completed their secondary schooling and the rest had some secondary education. Five of the women were employed at the time of the assault and two were unemployed, three were still at school.

Five of the assaults were perpetrated by men known to the survivors and five of the assaults were perpetrated by men unknown to the survivors. Four of the assaults were perpetrated by two or more men. In seven of the assaults weapons were used (6 – gun, 1 – knife) and in three of the assaults no weapon was used.

Although it was not planned, these figures are consistent with the demographic data collected about the survivors and assaults in the wider PEP Study, in terms of age, type of assault, weapon used etc. Thus, the sample is representative of the women who reported to Thuthuzela during the six month period, were eligible for, and agreed to take part in the PEP Study.

3.3.4 *Data collection*

Practical Considerations

The women were offered a choice of being interviewed at Thuthuzela or at Groote Schuur Hospital (GSH) research offices. They all opted to be interviewed at GSH. This had various practical implications. Initially, it was hoped that they would be able to get transport to GSH themselves. However, this was difficult to arrange and meant that there were many delays in the research process. Then the question of whether I should go and collect the women from Thuthuzela, interview them at GSH and then return them again was raised. Initially I was concerned that this might be confounding for research process and might “contaminate” the data. However, in our context it is difficult to conduct research in an environment where carefully controlled interview conditions are adhered to. So for practical reasons I collected the women, drove them into Cape Town to GSH and then took them back again after the interview. Whilst I initially viewed this lift provision as a necessary evil or drawback to my research, I quickly came to realise that it was a vital part of the data collection. The car journeys provided an opportunity to develop relationship, to negotiate identities and locate ourselves. In the first interview my revelation that I was from Zimbabwe positioned me as a non-expert in South Africa and enabled me to ask questions about the context in which the interviewee lived. This dismantling of the hierarchical nature of our relationship opened channels to information and data that I would not have otherwise had access to. Thus I came to view the car journeys and conversations as being instrumental and enabling of the research process rather than the flaws in the design that I had first envisaged them to be.

Process

The women were collected from Thuthuzela and then interviewed at the Gender Health and Justice Institute at Groote Schuur Hospital. Sometimes family members and friends came along for the trip, saying that they wanted a chance to go in a car. The interviews lasted for about an hour and a half and were conducted in the presence of a translator who spoke both Xhosa and Afrikaans. The interviews were recorded using a digital tape recorder and were later transcribed. The transcription process was carried out with Nokuthula, the translator, present so that she could assist with transcription of Xhosa. Then a back translator checked the transcripts. The back translator, was a Xhosa-speaking, male, clinical psychologist. I was present for the

back-translation and we were able to discuss the meanings and choices of words used by both the participants and Nokuthula. In the Results and Analysis chapter, there is a discussion of both the translator and the back translator and the ways in which they shared in the collaborative process of exploring the experience of rape. Following the interviews I drove the interviewees back to G.F. Jooste Hospital. The translator and I would then spend some time speaking about our experiences of the preceding interview and any thoughts that had arisen from it. This was built into the research process to allow some space for us as researchers to process the traumatic material that had arisen during the interview.

Development of interview structure

As this study aimed to foreground women's voices and women's stories, it was decided that an open-ended semi-structured interview schedule would facilitate the development of the narratives. The interview began with an explanation that I hoped that the interview would follow a conversational format and it began with the following question:

We are interested in all aspects of your experiences, thoughts and feelings from the time of the assault up until now. You may tell them in any order you wish...

The rationale behind this question was threefold: firstly, it did not impose any preconceived understandings or expectations on the interviewee and allowed her to tell her story in any way she wished. Secondly, the question also allowed agency in the interviewee as she was able to make choices about what she told and how she told it. It was hoped that the women in this study would be acknowledged as having agency and choice, they would be acknowledged as active survivors rather than passive victims. Thirdly, it has been shown that when people are allowed to tell their own story with minimal intervention, the very act of creating a narrative can be therapeutic. The aim of the interview was not for it to be therapeutic, but it was hoped that the process was designed to be facilitative and empowering for the participants. Rosenthal (2003), in discussing the biographical narrative technique he uses with survivors of Shoah, explains that the autonomous telling of a life story without linguistic intervention allows integration of threatening material. He highlights the link between telling trauma narratives and reclaiming identities that may have been fractured and fragmented through trauma. "Through autonomous telling the inter-relations and passages of traumatic experience that are made

narratively explicit can be won back for a consistent concept of identity” (Schutze, in Rosenthal, 2003, p.923).

After the women spoke freely in answer to the first question, questions were asked to elicit discussion of the following four areas:

- A) experience of the PEP Study
- B) meaning of the rape
- C) impact of the rape
- D) understanding of HIV

The sections were not covered in order but rather as they naturally arose during the conversations and narratives. It was only at the end of the interview that questions that had not arisen naturally would be explicitly asked according to the interview schedule. A full copy of the Interview Schedule is annexed as Appendix 1.

Sections A and D were asked about on behalf of the principal investigators of the PEP Study and so whilst these subjects were discussed during the interview, they are not analysed in any depth for the purposes of this thesis.

Interview Process

At the beginning of the interviews, the women were asked for permission to have their stories recorded. They were also informed that no questions were compulsory and that if they felt uncomfortable with any question they had the right to refuse to answer. It was also explained that the interviews could be stopped at any time if the material being discussed was becoming too painful or distressing. The translator was introduced and it was explained that she would be able to provide any explanations of questions in addition to translating the narratives of the interviewees.

The interviews were very much led by the choices each woman made in her answer to the first question. As she told her story, it led naturally into the more structured areas of investigation, which were asked about as they came up within each woman’s own narrative.

Rosenthal (2003) highlights the importance of providing paralinguistic support for interviewees who have recently experienced trauma, rather than asking for detailed descriptions of traumatic memories. He describes how questioning can have a curative effect for traumatized people, as long as they are aimed appropriately. Rosenthal explains that questions should be thematising, or facilitating thought and integration, rather than aimed at retrieving violent details. He also specifies that space should be created for people to voice their current fears and they should be encouraged to elucidate stabilizing positive experiences that have helped them to cope with the trauma. Becker (2000) suggests that taking a “non-biased, neutral” stance when bearing witness to the stories of people who have suffered violence at the hands of perpetrators can in fact be a source of secondary victimization. When listening to atrocities there is a need for the researcher or witness to actively take a stand alongside the survivor. These ideas informed both the questions within the interview schedule and also the ethos and manner I attempted to adopt in the room. My prompts were aimed at making meaning of the experience, rather than at retrieving details. I also asked questions about what had helped the survivors to cope with the trauma.

3.3.5 Ethical considerations

When the participants enrolled in the PEP study, the research nurses explained the study, its aims and what it would involve. When the women agreed to participate, they signed informed Consent Forms, copies of which are in Appendix 2. This consent included the in-depth interviews that form the basis of this present study. They consented to the information surrounding the assault being used in a research study. As outlined above, the selection of the ten women who took part in this study was not random, but rather was carefully considered by the nurses who knew the women. It was felt that selecting a random sample of women from the PEP Study, would be unethical, as we could not guarantee sufficient mental health support if the interviews proved to be too traumatic. Consequently, women were selected whom the nurses felt were more verbal and expressed positive feelings about speaking about their experiences.

In addition, the structure of the interviews was designed to minimize retraumatisation, and women were asked free questions, where they had agency about how much of their story they felt comfortable to reveal (Rosenthal, 2003). At the beginning of each interview, it was made explicit that participants could refuse to answer any questions they felt uncomfortable with. The names of the participants, including the translator and transcriber have been changed in order to protect their identities, although it is hoped that the pseudonyms I have assigned them capture some of their identity. Although I have kept broader area names such as Khayelitsha and Heideveld, because of the specific locational meanings these places hold, I have erased specific names of roads and suburbs.

The women were given supermarket vouchers to the value of R100 for their time and they were provided with transport money (R20) to pay for them to get from their homes to Thuthuzela. The issue of remuneration has possible implications for the interview narratives collected. It was in keeping with the broader study to provide some form of compensation for participation in the research process. However, whilst it may have meant that the women felt there was an incentive to answer questions in a way that they perceived to be desirable to the researcher, there was no evidence of this being the case.

3.4 Data Analysis

As the intention of this study is to foreground women's voices, and explore variabilities and subjectivities in understanding rape, I have elected to do an analysis of the transcripts which is informed by Parker's (2005) principles of 'radical research'. He suggests that we must acknowledge: the multivoicedness of language; the way language constructs meaning; the way language maintains or resists power relations; and, the way language and discourse creates social bonds where some are connected and others are excluded (see also Potter & Wetherell, 1987). Whilst the principles of Social Constructionism and Feminism tend to lead to the listening for different discourses, the starting point of this study is to allow women to speak. Gavey (2005) describes discourses of heterosex that operate within society and inform the ways in which women make sense of their experiences of sexual coercion. These include: the male sexual drive discourse; the have/hold discourse and a permissive sex discourse (Hollway, in Gavey, 2005). However, it was decided to first let the women tell their stories, and attempt to

listen “with an innocent ear” (Swartz, 2005) and then, only later, examine these in the light of current discourses about sexuality. Swartz (2005), highlights the difficulties of listening “with an innocent ear” as our listening is constructed by our history, culture and identity, and points out that even the process of discourse analysis implies an imposition of preconceived ideas that can be silencing.

Consequently, the aim is to allow for a chorus of voices to speak to and about rape. Two central areas are analysed: the first is the ways in which women construct their narratives about rape; the second is the stories within stories – stories of symptoms and silences. In order to do this, I have also drawn from some of the principles of trauma narrative analysis (Rogers, 2001) as this method allows the dynamic nature of the women’s stories to emerge.

The way I have elected to conduct the analysis and write up the results is informed by three key issues. Firstly, I want the language I use to be a language that locates myself within the research process and not external to it; secondly, I want to use a method of analysis that uncovers and reveals the layered nature of the trauma stories within the complexity of the South African context and thirdly I hope to disclose the choices I make in my reauthoring of the text.

Shotter (1999) describes the value of writing from within “living moments”. He encourages “witness writing” rather than “aboutness writing”. He highlights Bakhtin’s (1981, 1984) view that language is dialogically structured and forms a responsive function, rather than merely a descriptive function. Bakhtin argues that language is living and that in any linguistic exchange, prior to cognitive understanding, there is an active, immediate, unreflective and bodily reaction to the events being described. Bakhtin (1981) describes language as not providing units of information, but rather providing a way to “go on” in a practical circumstance. Language is thought of as active and provoking of response rather than as a medium for passive cognitive understanding and knowledge. Shotter explains that much of the writing in the behavioural sciences is “aboutness writing” that sees language as monological, retrospective and describing an object. He advocates the importance of seeing language as relational, prospective and dialogic. He explains that language is used to construct shared realities and in the behavioral sciences effort should be made to use a “social poetics” that includes the relational component of the research process:

He claims one should ‘... try to write in terms of situated local meanings, rather than in terms of already existing, decontextualised intelligibilities’ (Shotter, 1999). One should write in a way that juxtaposes one’s own thoughts and utterances with the words of the interviewees and thereby create occasions in which readers must creatively complete, dialogically, not cognitively the process of understanding. In the Results and Analysis chapter, I have endeavored to write my own thoughts and responses into the narratives of the survivors. I thus, not only comment on what is said, but also allow the reader to hear what my responses and reactions were to various moments in the interviews.

As I present the stories of the women, I hope to “make language stammer” (Deleuze & Guittari, 1987, p. 98). I hope to allow the confusions and uncertainties in communication to emerge. In Richard Allen’s essay *Analyzing Representations* (1992), he highlights how our anxieties and the socialization process which we have all undergone limits our ability to see the new and novel. Instead, we aim to fit what we see into our old assumptions and experiences;

Confronted by images, our impulse is to understand rather than to find things incomprehensible... We can see nothing new; all our new understanding and all our new seeing is formed by what we have seen before (p. 26).

Allen argues for the importance of actively looking for the incomprehensible and feeling disorientated within our subject for this is where we discover new truths and knowledges as he explains that “...disorientation is a greater truth than that contained in the original image” (p. 26).

In the Results and Analysis chapter, I highlight moments of miscomprehension, and moments where the communication breaks down. The moments where the communication breaks down, are presented as valuable sources of knowledge. It is my hope that as I foreground women’s voices and the confusions and miscommunications within the interview process, that I am allowing the incomprehensibility of the experience of rape to emerge.

Rogers (2001) has worked with survivors of sexual abuse for many years and she has spent much of that time examining methodologies in trauma research. She explains that trauma “is not a cluster of symptoms, but instead follows a psychological logic that is associative, layered, non-linear and highly metaphoric” (p. 1). She points out that “typically clinical studies do not attend to or give voice to women’s resistance and courage, their desire or their capacity for relentless joy” (p. 1).

Rogers (2001) criticises traditional methods of data analysis that involve coding, claiming that these approaches “falsify human experience in two important ways: first by fragmenting it into static categories and second by legislating patterns that become prescriptive” (p. 2). This has informed my approach to analyzing the themes, where I have endeavoured to listen for stories rather than static thematic concepts. Rogers has developed what she describes as an Interpretive Poetics as a method for analyzing narratives gathered from survivors of sexual violence.

She describes four stages in this method of analysis:

1. She advocates *re-storying narratives*. This is the process in which the researcher develops questions to answer and reads and re-stories the narrative in answer to these guiding questions. Thus interpretation and transcription becomes a process of listening for *stories*. In the Results and Analysis chapter I have attempted to listen for stories and present stories rather than symptoms or themes. Stories are chains of events that are linked causally. I believe that listening in this way allows a more elaborate understanding of women’s experiences.
2. She highlights the importance of tracing shifting relational patterns in the interview process: where is there recognition and connection? How might connection develop or limit the narrative? What causes disconnection? What is the effect of disconnection on the story that follows? I thus explicitly highlight the process of relationship with each woman whom I interviewed. I present moments of connection and moments where connection breaks down.
3. The importance of listening to the “languages of the unsayable” is seen as a vital part in the analysis of trauma narratives. She explains that this reveals the “dynamic

unconscious” and the injuries to the psyche. This informed the process of listening to and presenting the Stories of Silence (see Results and Analysis Chapter).

4. Finally, Rogers advocates listening for contrasts and figurative processes, as she explains that this provides a map of the tensions and contradictions that underlie the narrative generation.

Arvay (1998) also highlights the difficulties with self and representation in narrative research. She initially speaks of the issue of transcription where she explains that “our stories do not mirror the events as lived because our stories are constructed retrospectively and therefore transcription itself is an interpretive practice, where the researcher becomes the author of the narrative accounts whilst at the same time being responsible to the intentions and integrity of the original narrative. This mirrors Reissman’s (1993) view that transcription and the choices made and even what is heard in this process are informed by the transcriber’s experiences. The transcription process in this study provides a particularly interesting example of the way in which the transcriber’s experiences influence the transcription. This is discussed in more detail in the Results and Analysis chapter.

Arvay (1998) also speaks of researcher privilege and she highlights that traditional paradigms of research establish the researcher as the taker of information and the subject as the giver of information. She warns narrative researchers to be reflexive about “what the narrator thinks you want to hear” (p. 2) as this influence the narrative that is “given”. In an attempt to address this, I have highlighted moments where it becomes evident that the narrator and/or translator are presenting a story that they believe I will approve of. This is presented in the section on Cultural Brokerage in the Results chapter.

Arvay (1998) contends that researchers should be self-disclosing in the writing up of research papers. In this way they enable the reader to see the context in which interpretations and choices about text organization are made. This allows the reader closer contact to the original narrative. In the analysis of the transcripts I disclose my own thoughts and responses to the reader, in addition to disclosing the disclosures I made to the women I interviewed. It is hoped that this will provide a context for the reader.

Arvey (1998) also suggests that data analysis should expose researcher's vulnerabilities and the transformative effects of witnessing the trauma, as this allows a more meaningful analysis of the impact of trauma. In the Results and Analysis Chapter there is an analysis of the impact of the process on the translator, transcriber and myself. Finally Arvey outlines the struggles researchers face with voice. She points out that the voice of 'the experts' often overshadows the voice of the people whose stories are analysed. She reminds the researcher to think about ways in which equal voice can be given to subjects and experts alike. I have attempted to include many quotes from the interviews, and allow the reader to hear the actual words of the survivors, and not just my interpretations.

In my presentation of results, I aim to be informed by Arvey's and Rogers' suggestions. I present the stories of these ten women in a way that I hope highlights their complexity, and the complexity of the research process. I have attempted to present a collaborative process where I make the reactions of myself, the translator and the transcriber explicit within the narratives.

CHAPTER FOUR

RESULTS AND ANALYSIS

4.1 Introduction

In this chapter, I present and discuss the findings of the study. I have chosen to combine the Results and Analysis. In order to maintain the “withness writing” (Shotter, 1999) where meaning is co-constructed in a collaborative way it felt important to present these in a form where the women’s stories, my responses and reactions, and the way these stories speak to or dialogue with the literature on rape are woven together to form an organic whole. Firstly, there is an introduction to each woman, her demographics, a summary of the assault she suffered and a discussion of the specific process and discoveries shared – the extra-interview process.

Following this, I present and analyse the ways in which the women elected to tell their stories and the narrative choices they made. Then I present the stories of what would, in conventional trauma models, be seen as “symptoms”. I discuss this in relation with the literature presented earlier. Subsequently, I go on to present the women’s understanding of rape; their answers to the question “why”. The final section of this chapter explores the transformational nature of trauma and its impact on the women, and also on those of us conducting the research.

4.2 Introduction to the women

In the introduction to the women, I outline their demographics and the circumstances of the assault. I have elected to present the women in the order in which I conducted the interviews, as this allows the reader to trace the choices and obstacles in the process that needed to be negotiated as the research progressed.

4.2.1 *Soraya*

Soraya is a 21 year old, Afrikaans speaking, Coloured woman. She is currently unemployed and lives with her family in Heideveld.

Summary of assault

Soraya was raped by her neighbour, an older, Black⁴ man whom she had previously regarded as being an “uncle” figure. He came round to her house, and, when she explained that her mother was out at karaoke, he assaulted her. During the rape, Soraya’s biological uncle arrived home and witnessed the rape, but first went through to the kitchen to put the shopping down, before he came back and attempted to help Soraya. The neighbour was then locked up in their house, while they went to call the police.

My experience and impressions of the interview process

Soraya was the first woman I interviewed. The process of this interview and the events that surrounded it resulted in many decisions being made on the spur of the moment, some of which went against my initial planned methodology. This interview also brought out some difficulties in the translation process and so after this interview Nokuthula and I met to discuss future ways forward in terms of the translation process.

I collected Soraya from Thutuzela and took her back to Thuthuzela after the interview. She immediately noticed that my number plate was foreign and asked where the car was from. So, although I had initially decided not to reveal any personal information, I found myself revealing my Zimbabwean identity. This actually turned out to be a very useful disclosure as it opened a window into explanations about South Africa and particularly the workings of the gangs in Manenberg and Heideveld. Thus, before the first interview began, this negotiating of “otherness” (Fanon, 1970) began to impact on the conversations and meanings generated. Initially I was “other” from Soraya as a white, privileged researcher. However, interestingly as I became more “othered” in that I was a foreigner, this seemed in fact to other me from white South Africans and thus bring me closer to Soraya. With me located as an “unknowing” foreigner, Soraya took the opportunity to explain many things that I think she would not have done, if I had been a white South African. As an outsider, I was also free to ask questions about crime and gangs and the Cape Flats, and she provided more detailed explanations many of them beginning with “You see in South Africa it’s like this...” Although, at the time, I was anxious

⁴ The racial terms that describe perpetrators that I use in this chapter are the terms used by the women themselves.

that I was providing too much self-disclosure, in retrospect I decided that the self-disclosure had an opening up effect, rather than a limiting effect on the interview. It also seemed important in breaking the expected power relationship with me as the all powerful researcher and Soraya as the non-powerful subject. As outlined in the previous chapter, Parker (2005) reminds us to be aware of the power imbalances inherent in the research process. I thus decided that locating myself as a Zimbabwean and as a foreigner, would be a valuable part of communication with the other women, and I made a conscious decision to do this with the rest of the interviews.

In the car on the way to Groote Schuur Hospital (GSH), Soraya mentioned that she had been at GSH once before when she had got caught in the crossfire in a gang shooting in the block of flats where she used to live. Thus, by the time the interview started, I had quite a rich contextual picture of the daily workings of her life. This bit of relating, prior to the interview, provided a connection and allowed her to tell her story more easily than she might have done if I had met her ‘cold’ as an anonymous researcher.

It was the first interview and perhaps I was anxious about the traumatic nature of the forthcoming interview, or perhaps I was overly saturated in the literature about rape, but I was struck by Soraya’s happy and chatty manner on the way to the interview. I somehow expected a more somber conversation. I think that from my position as a feminist examining the enormous problem of rape, I had built up a picture of the ‘typical rape victim’, despite paying lip-service to the term ‘rape survivor’ and it was only when I met Soraya, that the reality of the rape being a *part* of a woman’s life, but not *all* of a woman’s life, began to be real to me.

During the interview itself, she was not as verbal as subsequent interviewees. However she was very physically expressive. Consequently, many of my cues in the interview were based on her face and gestured responses. In the transcript it sometimes appears that I am following a trajectory and answering my own questions. However, this was based on her gestured responses to each question I asked. She became visibly more distressed in the interview and curled up into a fetal position on the chair. She also became very tired and yawned a lot. I understood this to be a way of protecting herself from the traumatic memories. She became tearful at the end of the interview. Although I was concerned that the interview had been too

intrusive, she reported at the end that she had found it really helpful and relieving to talk about the rape. She reiterated this in the car on the way back to Thuthuzela. After the interview she was much quieter as we drove back to Thuthuzela.

This interview brought to light differences and difficulties in terms of the translator. Nokuthula commented a couple of times with “We know how you feel” and “You must be strong”. These two statements were emblematic of some of the difficulties that arose with using a translator, unaccustomed to a therapeutic or counselling approach. I felt alarmed that she was “advising” the interviewee, as from the standpoint of my training, the clinical psychologist is non-directive and allows the “patient” to express whatever emotions she/ he needs to. I was also concerned at the statement “We know how you feel”, and was quick to deny this during the interview, saying that no-one could really know how Soraya was feeling. After the interview Nokuthula and I met and discussed the approach of the interview and the reasons I did not offer advice or suggestions to Soraya. She was able to express the fact that she felt this was heartless, to be faced with a girl in such distress and to not offer any words of wisdom or help to her. Nokuthula explained that in her culture an older woman is responsible for advising and directing a younger woman, and so would not sit there and just “allow” someone to speak about and explore their pain; it is more practical and realistic to tell a person to “be strong”. I discuss these issues further in the section which focuses on Cultural Brokerage and Issues of Translation.

4.2.2 Christine

Christine is a 20 year old Black woman, who works as a waitress, while continuing part-time studies in Human Resources at a tertiary institution. She lives with her family in Khayelitsha.

Summary of assault

Christine was raped by her neighbour during a party. He was known to Christine and she had gone to his house to collect some food for the party when he held her at gun point and raped her. She described him as a Black man in his twenties, whom she had previously regarded as a friend. His father came home immediately after the assault and she appealed to him for help. He, however, did not help her and started accusing her of being a whore. Eventually, another

friend came from the party to find out what had happened to her and she managed to escape and report the crime.

My experience and impressions of the interview process

Christine was a tall, composed and self-assured young woman, who was a striking contrast to Emmelita (the third participant who is described below). Christine was enrolled in a tertiary education course and she was a very eloquent and reflexive person. She traveled in the car with Emmelita, and she (Christine) was very calm and quiet on the way to the Hospital. Christine allowed Emmelita to dominate the conversation and so I did not speak much to her on the journey to the hospital. She did seem quite amused by Emmelita's personal questions and smiled when she caught my eye. The one topic of conversation that we did engage in was related to her work at a coffee shop which I frequent. Out of all the interviews and accompanying car discussions, this discussion of the coffee shop was the only piece of conversation that showed a shared geographic or cultural experience, between my own life and those of the women who I interviewed. Christine and I might encounter each other in our normal day-to-day life, whereas with other interviewees, a possible encounter would involve either myself or them being outside of our normal context. In a sense, I identified more with Christine than I did with other interviewees, possibly because her life is more similar to my own.

Although she initially spoke in Xhosa, she quickly switched to English and spoke fluently and confidently in English for the rest of the interview.

4.2.3 Emmelita

Emmelita is 16 years old and was the youngest of the women I interviewed. She is an Afrikaans, Coloured girl who lives with her family in Mitchell's Plain. At the time of the assault she was in Grade Nine.

Summary of assault

Emmelita was raped by two men who she knew and whom she describes as previously being 'like brothers to her'. The rape was her first sexual contact. It occurred in the home of the perpetrators who were her neighbours at the time of the assault.

My experience and impressions of the interview process

Emmelita seemed much younger than the other interviewees. She came to the interview with her mother and her best friend for support and there was a sense of a 'big day out' for all three. Emmelita was dressed quite flamboyantly in a very long gypsy style skirt, she was wearing very high heels that were too big for her. She was also wearing quite a lot of makeup. She almost gave the impressions of a child dressing up in her mother's clothes. There was a sense of a child growing up far too quickly. Although I had to collect two interviewees at once, her mother and friend were very disappointed when I told them that I had to collect another woman and so there would not be room in the car. It seemed to me that the trip in the car to the centre of Cape Town was something to which they had been looking forward to. So I agreed that we could all squash in if they didn't mind it being cramped. We also had to collect Christine, and so the conversation in this car journey was filled with laughter and giggling as Emmelita asked me question after question about my personal life. After the interview they requested that they be dropped in town rather than at Thuthuzela.

The trip in the car was definitely a highly valued aspect of the interview process for Emmelita and her mother, as there was a certain status attributed to traveling in a car. It seemed particularly poignant and ironic that this excitement and 'treat' of traveling in a private car was made possible for Emmelita and her family because of something as horrible as rape.

Of all the interviewees, Emmelita was perhaps the one that struck me as being the most fragile. Her flamboyant clothes and make-up, and her extravert sexualized manner, seemed to suggest an underlying fragility and as we drove I found myself wondering about the possibility that she may have suffered from sexual abuse prior to the rape. As no history of prior abuse was taken in this study, it is not known whether Emmelita had been exposed to abuse, prior to the rape, however, during the interview process, I did feel that this was a possibility. She was very dramatic, extreme, emotional and extravert in her manner and she was very physically affectionate with me, Nokuthula and with Christine (the other interviewee in the car).

Emmelita seemed to enjoy the interview itself and there was sense of drama to her narrative. In the analysis, it is Emmelita who tends to use very extreme language and examples of this are

elucidated there. Her dramatic narrative was eloquent and she was able to verbalise her reactions and understandings of events in a way that was more fluent than some of the older and more reserved women. She appeared to be more vulnerable and less resilient than the other women who I interviewed. This was supported by what the nurses told me. In the months following the assault and prior to my interview with her she was often suicidal and the nurses had spent extra time with her to try and help her through the recovery process. The aspect of the rape that she claimed was the most distressing was the fact that she had lost her virginity through rape.

4.2.4 Jabu

Jabu is a 25 year old Black, single woman living with her child in Crossroads. She had attended College and was working as a stock controller at the time of the assault. She is the only woman whom I interviewed that sero-converted following the rape.

Summary of assault

Jabu was kidnapped by two Xhosa speaking men estimated to be between 20 and 30 years of age. They threatened her with a gun in order to get her to get into the car with them. They then raped her in an open field and decided to take her home with them and keep her overnight. Jabu managed to escape by jumping from the moving vehicle and running, naked, back to a garage that they had passed. She broke her arm during the fall and collapsed when she reached the garage. When she arrived there, nobody would help her and people pointed at her saying she was crazy. Eventually the police were called and she was given a jacket to cover herself with.

Interview Process

I had not been informed that Jabu had sero-converted and I had been under the impression that all the women we were interviewing were HIV negative. Thus it came as quite a shock when Jabu explained that she was HIV positive. The interview with me was the first time she had had a conversation about her status, since she was told that she was HIV positive. This was the longest interview and felt to me to be one of the most productive, in the sense that meanings were wrestled with and there was a real feeling of dialogic conversation rather than questions

and answers. Perhaps, the shock to me of discovering the sero-conversion, pushed me out of my comfort zone as a researcher and facilitated a fresher and more collaborative process.

Nokuthula became tearful during the interview when Jabu spoke of jumping out of the car and there was a sense of heightened emotion in the interview.

4.2.5 Lynda

Lynda is an 18 year old Black girl who was in Grade eleven at the time of the rape. She lives at home with her family in Khayelitsha.

Summary of the assault

Lynda was accosted by a man who was searching for a well known gangster who lived in Lynda's area. He told her that she must take him to the gangster's house. However, Lynda realised that it would be worse for her to betray someone from her own neighbourhood, than to suffer at the hands of a stranger. She thus would not tell him what he wanted to know. He then proceeded to take her at gun point into a field and rape her. He tried to get another passer-by to rape her too.

My impressions and experience of the interview process

Lynda was an anxious and shy young woman, who was very quiet in the car. It was difficult to engage with her, but this may have been related to the fact that she is more comfortable in Xhosa. During the interview with Lynda, Nokuthula was required to do quite a bit of translation. I had a sense that she was toning down and censoring the interview for my benefit. For example when Lynda mentioned a g-string, in the Xhosa sentence, Nokuthula translated it as "underwear" and then after the interview admitted that it is culturally wrong for a young girl to wear a g-string and she hadn't wanted to mention it.

Lynda traveled in the car with Jabu, who is an older and more extravert woman. Thus the conversation in the car was more dominated by Jabu. They did speak Xhosa to each other and Jabu adopted a protective role with Lynda, translating for her and allowing her to do the interview first, explaining that Lynda was more nervous and so should go first.

Nokuthula was also very maternal with both Lynda and Jabu. After the interviews she took both the girls phone numbers and invited them to her church. Both Lynda and Jabu are Xhosa speaking, and they live in a similar area to Nokuthula, the translator. It is perhaps these cultural ties that made Nokuthula feel so protective towards them, but it may also be the fact that Nokuthula had particularly identified with Jabu's story that made her feel she needed to help or make things better for them (this is discussed in more detail under the section titled: Translator)

4.2.6 Thandiwe

Thandiwe is a 23 year old Black woman, living on her own in Khayelitsha. She is originally from the Transkei and was orphaned as a young teenager and sent to live with her older sister in Cape Town. Her older sister contracted HIV and was abandoned by her husband and so Thandiwe and her sister lived on the streets and slept under bridges. Eventually her sister died of HIV and Thandiwe and her niece went to an orphanage in Woodstock where she lived for a couple of years. During this time the niece also died of HIV/Aids. Thandiwe has lived in terrible poverty throughout her life and now finds herself alone in Cape Town living in a shipping crate (where she moved following the rape). Much of her childhood was spent in orphanages and living under bridges. She was working on a casual basis, as a domestic worker at the time of the assault and had virtually no social support.

Summary of assault

Thandiwe was asleep in her bed when three men broke into her room. She heard them coming and hid under the bed, and then she thought they had gone and crawled out from under the bed, only to be discovered by one of the men who proceeded to rape her at knife point. She described the man as Xhosa speaking and aged between 30 and 40 years. She called the police, but nobody came for the whole day. Essentially she was raped at one in the morning and was only eventually assisted at nine o'clock the following evening. She was alone during this time.

My experience and impressions of the interview process

Thandiwe traveled alone with me from Thuthuzela to Groote Schuur. This allowed quite a lot of conversation to develop before we arrived at the interview location. Interestingly, her life spent living in crates, and under bridges means that she comes into contact with a lot of

Zimbabwean refugees who are also living in similar conditions, and so when she heard I was Zimbabwean, she was able to ask me more meaningful and informed questions about Zimbabwe than most other people I meet in South Africa.

Again, the fact of me being Zimbabwean provided an opportunity for discussion. Thandiwe had come down from the Eastern Cape and so she was able to identify with being a stranger/newcomer in Cape Town. Thandiwe described her life to me and so prior to the interview I had an idea of the multiple traumas and hardships she had suffered prior to the rape. She is very isolated and spends much of her time alone. Recently she has been working for a Drug Rehabilitation Centre as a volunteer, doing work as a cleaner in exchange for food and transport money.

She spoke easily during the interview, but there was a sense of resigned despair in her attitude towards life and the rape. Her description “You have to understand that this was a miserable life before the rape.” In a sense sums up the traumatic and neglected life she has lead.

I found it difficult to relate to her and at the same time found her story the most depressing to listen to. Nokuthula also described feeling quite disengaged from Thandiwe during the interview, and Thandiwe was the only woman, that Nokuthula did not actively try and help in some way. The disconnection evident in the interview process perhaps reflects the disconnection that Thandiwe experiences in the world around her. She describes herself as “having no friends...just my radio”.

4.2.7 Thembiwe

Thembiwe is a 27 year old Black woman who completed her secondary schooling. She is a single woman living with three family members in Mitchell’s Plain. She earns more than the other women in the study and speaks fluent English. Thembiwe is employed as an accounts clerk in Cape Town. She presents as a very well dressed and businesslike woman with a strong sense of self confidence. Thembiwe is of a higher socio-economic status than the other interviewees. She did not require transport to the interview.

Summary of assault

Thembiwe was raped at six o'clock in the evening, as she walked down the road near the cemetery in Khayelitsha. She was returning from work and was accosted by a man with a gun. He forced her into the bushes by the side of the road and raped her, both vaginally and anally. She described the man as being Xhosa speaking and aged between 20-30 years.

My experience and impressions of the interview process

The fact that Thembiwe was of a higher socio-economic status had significant implications for the interview process. Firstly, she did not require transport to the interview location. She was able to come on her own after work. This meant that the relationship building and concurrent lessening of anxiety that occurred with other interviewees in the car did not happen with her. I did not have any chance to establish a rapport with her prior to the interview itself. Thus, the interview started cold and perhaps is more similar to the Western concept of a 'proper, objective' research interview, where interviewer and interviewee contact is kept to the interview alone. However, I felt that it lacked something because of this. I think in the other interviews where the women had travelled in the car with me, there had been an essential "sizing up" process that enabled the communication, rather than hindered it. Although Thembiwe spoke perfect English and elected to speak in English during the interview, her identity as a Xhosa speaking woman resulted in an interesting interaction with Nokuthula. I address this in more detail in the section entitled "Cultural Brokerage" later in this chapter. During the interview Thembiwe specified the difficulty of speaking to older Xhosa speaking women from her community about rape, because of the lack of anonymity. Yet, despite this, Nokuthula kept asking her probing questions that established the similar aspects of her and Thembiwe's lives. I am not sure whether this may have restricted the freedom with which Thembiwe spoke to us.

4.2.8 Stephanie

Stephanie is an 18 year old Black woman who lives with her family in Makhaza. At the time of the assault she was in Grade eleven. (I'm presenting Stephanie together with Karin (below) as they tell of the same incident.

4.2.9 Karin

Karin is a 24 year old Black woman who lives with her child and her family in Khayelitsha. She had attended college but was unemployed at the time of the rape.

Summary of assault

Karin and Stephanie are cousins, who were walking together on their way to church, when they were assaulted by a group of men aged between 20 and 30 years. They were taken, at gun point, to a secluded place beneath a bridge and both of them were raped. Karin was raped by a Xhosa-speaking man and a Coloured man, from the group. Stephanie was raped by two Coloured men from the group. After the assault they continued to church where they were assisted by members of the congregation. Interestingly their account of events differs, particularly concerning the events following the rape.

My experience and impressions of the interview process

I am introducing Karin and Stephanie together, as they are cousins and my experience of the interview process with them, was very “relational”. I collected Karin and Stephanie together from Thuthuzela. They were both quite shy about going in the car and they presented as young girls, giggling and arguing about who would go in the front of the car. I had no prior knowledge that they had been raped in the same incident and so was not aware that they were a) cousins or b) raped at the same time by the same men. Stephanie was more outgoing than Karin but the language difficulty was evident from the time I picked them up. Thus, there was not very much conversation during the car journey.

They are the only two women whose narratives tell of the same assault and it is striking to notice the differences in the basic events of the narratives. (These are analysed in detail in the section on storymaking). I, initially, found these contrasting reports very confusing, and I felt quite unsettled. Nokuthula and I were slightly thrown and began to think that maybe they were actually reporting different incidents and we had to check. In a sense the discrepancies activated my old traditional research assumptions, I became a searcher for the truth, wanting to know “what really happened” and “who is remembering accurately and who has forgotten?”, for a while I was seduced into the idea that I should be finding an objective account of events. I

was a slave to the very “regimes of truth” (Newman & Holzman, 1997) outlined in the preceding chapter. However, I then remembered that my role in this process was not as a detective charged with finding clues and facts, but rather a facilitator in a process where each woman’s story was important and the discrepancies were rich with opportunities for understanding and exploration. The difference in the details of their stories, and the congruence with their individual perceptions of the impact of the rape in their lives is very interesting. It was as though the woman more adversely affected by the rape, remembers more negative events surrounding it. This is analysed in more detail in the section entitled “Storymaking of the event”.

Both women spoke Xhosa and elected to speak Xhosa in the interview, with Nokuthula translating. They, thus, speak more Xhosa than any of the other interviewees. I think this did impact on the quality of story elicited, largely because I was not able to interject at key moments when probes might have encouraged elaboration, and instead I had to wait until the story had “gone cold” when Nokuthula translated for me. The language difficulty also limited the rapport that could be developed between Stephanie and Karin and myself. The additional fact that they are cousins and have a close relationship with each other also meant that I as the interviewer was more ‘othered’ than I had been with other interviewees.

They revealed that they have spoken to each other a lot about the events that happened to them from the rape to the care and treatment they had received from the project.

4.2.10 Fatima

Fatima is a 22 year old, English-speaking Muslim woman, currently separated from her husband, living with her family in Mitchell’s Plain. She left school after Grade nine and currently sells kitchenware as a way of earning an income.

Summary of assault

Fatima was anally raped by her husband, who had a history of being violent and abusive towards her. However, when he anally raped her she decided that she would not take any more

and she reported him to the police. By the time of the interview he had been convicted of assault and was in prison.

My experience and impressions of the interview process

Fatima did not arrive for the first three appointments, and so we had almost given up on interviewing her when she did finally arrive.

Fatima was striking from the start as a strong woman. She was very self confident and assertive and, right from the time when I picked her up at Thuthuzela she was quite openly aggressive about her husband. Fatima is different from the other women in two ways: firstly her rapist is already in prison and secondly, her husband is the man that raped her. In the car on the way to the interview she mentioned that her husband had been abusive over years to her and that she had finally had enough and pressed charges against him and got him imprisoned. She also explained that she was trying to get a divorce through the Muslim council. At this time I did not know that she had been raped by her husband and she did not actively mention the rape, rather describing other types of abuse that she had suffered over the years. Fatima was very forthright and willing to talk. When we began the interview she explained that she had been anally raped by her husband and it was at this point that she had decided that she couldn't cope with him any more.

My sense of Fatima was that she is a woman of agency, resourcefulness and resilience. I felt impressed by the fact that six months following the rape, she had had him convicted of rape and imprisoned. There was a sense of her being quite empowered despite the trauma she has suffered at her husband's hands. The counter-transference was one of respect and even Nokuthula's usual rescuing reaction was not activated in the face of this very capable woman. No offers of church or home visits were made.

She spoke eloquently of her understanding of what had happened and of the reasons for rape in South Africa and she mentioned that she would like to become involved in advocacy and motivational speaking with regard to abused women. However, she said that she would rather help abused women in general and did not feel she would ever be able to mention that she had been anally raped to other women as it was too shameful, especially within the Muslim context.

Reflections on the process

As the interviews progressed, I became more comfortable in my role as a feminist qualitative researcher. Whilst I had thoroughly researched and could academically justify my methodological approach prior to starting the process, I think that from a practical perspective I still held onto assumptions about “obtaining good data”, i.e. data that was uncontaminated by too much interaction and self-disclosure. However, with each interview I became more aware of what it really means to inhabit the shoes of a qualitative researcher. It was an organic development in myself and my collaboration with Nokuthula. In the methodology section I outlined Cresswell’s (1998) assumptions of qualitative research, and these became more and more real with each interview and each post-interview chat with Nokuthula. In the first interview with Soraya, my initial reaction to revealing my identity as Zimbabwean was that it would “contaminate or confound” my “data”, however, this decision reflects Cresswell’s assumptions, that reality is socially constructed and an empathic relationship between researcher and subject is valued as a source of shared and collaborated knowledge, where the researcher is located within the narrative rather than outside of it. The conversations with Nokuthula about our differences in approach revealed layers and strands of the socially negotiated reality of the research context, where our identities impacted on the narratives told to us. The conversations in the car and the post-interview conversations with Nokuthula were perhaps one of the biggest sources of information about the insidious trauma (Root, 1992) of poverty and oppression, and the serial nature of trauma in the Cape Flats. The interviews focused on the rape, but these extra-interview conversations revealed the womens’ experiences with crime, gang shootings, murders, losses due to HIV. This highlighted Gilfus’ (1999) point that the notion of “a single traumatic event” that shatters a person’s assumptions about the safety of the world is inadequate in providing understanding of trauma in poor developing world contexts where in fact trauma is serial and repetitive, and confirms rather than shatters assumptions. This point is best made in the words of Thandiwe, who says: *“You have to understand that even before the rape, this was a miserable life”*

4.3 Analysis of transcripts

In analyzing the interviews with the survivors, I have elected to present the interview material as stories. This came about as I realized the importance of the relational and contextual meaning making process that seemed vital to the shared understanding that I came to through conversations with these women.

Thinking about the threads and narratives that run through the interviews allowed me to listen for dynamic and shifting meanings, rather than fixed categorical concepts.

Key to layout of quotes

Quotes from the interviews are presented in italics. They are unedited and the language is transcribed as it was spoken in the recorded interviews. The grammatical mistakes are due to the fact that the women elected to speak in English, which is not their first language. The following provides a key to reading the quotes.

C:	indicates a question posed by myself
R:	indicates the response to the question
***	material is cut from the original quote
<u>The man walked</u>	underlined italics means that this is a translation of words that were originally spoken in Xhosa
He raped me	bold is used when I want to highlight or emphasise a phrase or words
...	indicates a pause, or break in the sentence

4.4 Stories of silence

Before analyzing what the women say in the interviews and the voices they use, it is important to listen to the silences. For the stories emerge in stark relief against the silences, and it is vital that these silences have a voice.

As Herman says,

The ordinary response to atrocities is to banish them from consciousness. ...Atrocities, however, refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work. Folk wisdom is filled with ghosts who refuse to rest in their graves until their stories are told (p.1).

Firstly, it is important to remember that the narratives analysed in this study are narratives of women who have elected to speak. They are women who, after the assault, elected to go for help. They are women who then agreed to take part in the PEP Study and then from the women in the PEP Study, they are women who volunteered to speak in more detail about their experiences. Thus, as they speak there is a chorus of silent stories in the background. Most women, as the statistics presented earlier tell us, choose not to speak. So as I listened to what was said in the interviews, I was also listening at the same time to everything that was not said. As Rogers (2001) highlights, it is important to listen to and acknowledge, the 'languages of the unsayable'.

Secondly, as the stories are heard they uncover previous silences in the listeners' lives. As Jabu speaks of how she jumped out of a moving car, naked, in order to escape from her rapists, the translator speaks at the end of an interview of an experience where she had to jump from a moving train in order to escape from would be rapists. As the transcriber transcribes, she speaks of a previous sexual assault against her daughter. (These incidents are analysed in more detail later in this chapter). Somehow, as the women speak, they speak of silences in other women's lives and as they tell their stories these silences are uncovered and spoken.

It is also likely that the identities of myself, as a white professional woman, and the translator, a mature Black, Xhosa-speaking woman, will have impacted on the areas of silence in the interviews. What can be told to us? What must be told to us? And what cannot be said? Seven of the interviewees mention that they would not speak to people within their communities. For the broader PEP Study, the survivors choose to be seen at Thuthuzela, a place distanced from their homes. They explain this as a desire for anonymity and distance from people who are similar to them. They explain that as Xhosa women it is not customary to speak of sexual matters to their elders.

As Thembiwe explains about her encounter with the nurse at Thuthuzela:

Um it was still a bit embarrassing, because she's older than me, and we are Xhosa people – we don't talk of stuff. And I had to talk to her about it.
(Thembiwe)

Thus what do the women remain silent about in our presence?

Next within the interviews there is a common narrative of not speaking; a desire to not speak to anyone about what has happened. All of the women report being unable to speak to mothers, sisters, brothers and boyfriends.

R: *Ja. They were very worried. Even my mother ... didn't even want to like ... to get the story. She doesn't even want to know the story. She does ... she doesn't want the story. She only know that I was raped. So by the time I wanted to tell her the story, like - she said No ...*

C: *Why do you think she doesn't want to know?*

R: *She is hurt. (C: OK) Because she said she doesn't even want to know the details ...*

C: *And would you like to tell her the details?*

R: *Mmm, I wanted to tell her, but if she doesn't want to ... like ... to ... know, then it's fine ... I don't think I have to force her, if she doesn't feel like that, and she ...*

C: *And with your sisters? Have you been able to talk to them about it?*

R: *Yes – my sisters – I'm still able to talk about it to them – even though ... before the rape – well, like, my sisters – we don't have that close relationship – like – especially about a private life. They always like – need that – like, they are older than me, you see? So I think – maybe they think it's part of respect. Not to tell them each and every detail about my ... my private life. So now, it was difficult as well, for me to disclose the story to them. Because they didn't give me ... like ... time – even before. So it wasn't easy for me to disclose the ... the details.*
(Jabu)

The women also report that their loved ones are unwilling to listen. Anxiety about telling boyfriends is present in all of the women. They report taking time to tell their partners, and they explain this in a matter-of-fact way that their partners might break up with them if they hear that they have been raped.

C: *OK. So for three months you didn't ... didn't tell him*

R: *Mmm... He wasn't ... for me it was very hard. And ... Ja ... I was scared. That he was going to be angry with me, and ... tell me to leave, or so ... but Kate (the research sister) just said to me I must tell him. And I said I'm going to listen to him to whatever he says. And he said he won't dump me (laughs)*
(Soraya)

Seven of the women explain that it is the sexual nature of the incident that makes it so unspeakable. As Fatima explains, she is happy to speak about the horrific *physical abuse* she has suffered at the hands of her husband, but she does not want to talk about the *rape*.

There's a group of motivational speakers who ...so I wanted to join them to speak about abuse...but I don't want to talk about the rape thingey....well maybe in time....no I don't think so.
(Fatima)

It is interesting that it is not the issue of power and being overpowered and hurt that makes it unspeakable, but rather the sexual nature of the rape. Whilst much of the feminist writing about rape, has been aimed at highlighting the fact that rape is a crime of power (Brownmiller, 1975; Lloyd & Emery, 2000), it is striking that these women who have survived rape see it and voice it as a crime of sex. It is because it is sexual that they silence it.

Yet at the same time as a desire for silence, all ten women report a relief in speaking. They report that the talking has been the most useful part of their participation in the PEP study. They are more grateful for the speaking than for the medical attention and antiretroviral medication. They experience the research as an intervention and that intervention is conceptualized as having someone to speak to. The research process is a space where they are able to emerge from the silence and find a voice. As Jabu reflects, she expresses a growing realization that counseling may be helpful:

I still think I don't need any counseling. But I think, as the time goes on, maybe I'll need. Because I ... they (the nurses) said to me, I ... have to go to the counseling; but I said to myself, it was only one month ... I don't need counseling. I said to myself, I don't need counseling. But I notice that now, I'm starting ... like, if I'm telling the story you see - I'm starting crying. But before, I didn't cry. I only tell the story without crying. Then as the time goes on, I ... started crying, and I said to myself, No, I need counseling; I think so. I thought maybe I'm fine, but I'm not ... deep down.
(Jabu)

Thembiwe and Lynda also speak of the relief they feel in speaking about their experiences:

I guess it's going to make me feel even a lot better ... I mean, it's going to make me feel a lot better – just taking some of it still away – ja. No – no – no ... it's making me feel ... you make me think deep. And then I'm just ... letting out what's in my heart ... Yeah ... so ... I'm feeling ... still ... a lot of it is ... is being taken off. As well. Although I was thinking OK, I'm forgetting about it – it was still there – so it's still going to maybe affect me one day still. So ... Ja. Talking about it ... is the only way
(Thembiwe)

This helped a lot, because it doesn't help to stay at home and lock yourself, but this had done a lot to me by expressing my feelings. And if you keep something in you, you can die. So what you feel, you have to take outside.

(Lynda)

Six of the women reflect on the importance of safety and anonymity in facilitating this emergence from silence. They explain that they would not go to a place such as a local counseling NGO because of its location within their communities, and its consequent familiarity that makes it too risky:

*She even gave me a letter to see a counselor, but the thing is, the counselor that she addressed me to, it was in ... later on, so ... at that time, I didn't really like walking, through ... **** Park, because he's there, he's there, and I might bump into him, and I was so scared, and I didn't even want to go to the counseling...and I thought to myself ... like ... some of the counselors that stays in Khayelitsha, you know ... you know some of the people that works there. So I thought if I bump into someone that I know, and ... some of the people – they pretend to like you, but they don't. And then when you explain your problem to them, you tell them, so then they say that “ I saw this girl, and I didn't know she was raped, and she was like – talking to me, and stuff” – I didn't feel comfortable...*

(Christine)

Here we see how Christine is concerned about knowing people who work at a local NGO that provides counseling for rape, and her concern about confidentiality. However, she expresses a willingness to speak to someone who is outside of her community because she feels safer. This is echoed by Fatima who explains:

It was nice talking to yous because yous strangers. If it was someone I know I wouldn't feel comfortable if I saw them again and again...I would never have agreed to do interviews at home or anywhere in Mitchell's Plain.

(Fatima)

Christine also expresses a certain level of faith in speaking to a “professional”. She trusts the process with me, because she has had such an affirming and helpful experience with Fazelah, the study nurse, who asked if she would be happy to be interviewed by me:

... but when (the nurse) said you wanted to do an interview with me – I said “OK, as long as I know you suggested it, I'm fine with it, because I know I'll be safe.” Ja, I know I'll be safe, because I've been trusting her all this time, and when she said 'you're going to speak to a psychologist' ... I thought OK, I'm going to speak to a professional person – and that person is going to ... is not going to judge me, or what I'm saying, or how do I look when I say it, or how do ...Some people do that – because I ... don't trust people that are looking at you, because

they're really judging you, and when you're really pouring your heart out to them ... and they just laugh at you, or make comment that will make you uncomfortable, and really ... I will tell you that I wouldn't go back again. If they will make any comment, make me uncomfortable, I wouldn't ... want to go back again.

(Christine)

In addition to the need for safety, is the need for a non-judgmental space in which to speak.

Seven of the women mention this in relation to being able to speak.

... by you guys talking to us, and ... asking us these questions. It ... it's very helpful, because you can just let it out, and just be free, because you know you're very safe ... no ...that person did that to you, and they can't harm you when you're like ... in the study, and you're feel safe, because the security system is ... like ... so secure, and you know – you're comfortable. You ... you can say anything.

(Christine)

Thus, whilst my identity as a white psychologist no doubt encourages silences in some areas, it also seems to facilitate speaking in others. My distance and difference from the women, allows an anonymous safe space in which their voices can emerge. The implicit trust in the authority of being a “psychologist” doing “research” is evident. Although the power imbalances inherent in the “discourse of research and science” discussed in the methodology (Parker, 2005) are evident, it is interesting that the researcher is seen as “a professional” and a “stranger” and these identities facilitate conversation.

There is an additional silence: the silence of the police. Eight of these women have pressed charges against their perpetrators. Yet five of them report calling the police and waiting and waiting to hear what is happening with their cases. They find only silence. Emmelita expresses her frustrations with the authorities.

Yes, there is a court case but they never told me when's the court case, and they ... they still don't tell what happened, when they come ... when they have gone to court, or nothing. I don't hear from the police. When I phone him, he's not there, when I go to his office, not there. The doctors tried to phone him and my school has tried, but we don't get him in.

(Emmelita)

This sense of hearing nothing, and feeling disempowered by the silence of the authorities reflects Stanton et al.'s (1997) finding that sexual assault survivors feel frustrated and helpless in the face of police officers who do not keep them up to date on the status of their investigations. As Emmelita comments, there is a sense of the women speaking: they call, they

go to speak to people, they phone again, they get people to phone on their behalf – and yet is as though they are speaking into an institutional void. They hear only silence.

4.5 Storymaking of the event

Having examined the stories of silence within the narratives, it is then important to examine the ways in which the stories of rape are constructed by the women. It seems important to consider the structure of the stories in addition to their content.

Whilst the initial question in the interview schedule was open ended and did not specify where the interviewees should start in terms of sharing their experiences, it was interesting to see that nine of the women elected to begin by telling their story.

... the first thing that comes to mind; the first thing is what happened.
(Soraya)

...I will start my story about what happened
(Jabu)

In three of the interviews where, translation was needed, I discovered at the point of back translation that Nokuthula had not translated the question verbatim, but rather had asked in a more direct way for the interviewee to “tell us what happened”. Thus, it is unclear with these three interviews, whether the women would have elected to tell the events of the story first. However, the process of telling the story seemed vital to the uncovering of the thoughts and feelings later in the interview. In the one case where one of the women, Emmelita, elected to start with her feelings, it felt difficult to connect as I did not know her story. She began with:

How did I feel? When I was raped? I felt very different, and I just wanted to kill myself, and so I wanted to kill myself, because there's nothing in life for me ... there's nothing in life for me – I thought there's nothing nice for me, because what happened to me, and I learned a lot of things - like to look after myself, and try and never walk alone. And I want to encourage more children also about what happened to me. I was scared I had AIDS, but thank god they've told me that I don't ... I don't have AIDS.
(Emmelita)

This blurting out of feelings and thoughts all at once, as an opening statement, made both Nokuthula and I feel a bit confused and disoriented, and so a bit later on in the interview we needed to stop Emmelita and ask her to tell us a bit about what had happened. In all the

interviews it was striking how it felt vital *to listen to the story*. In a sense, all the questions about the impact of the rape, or the meaning and understanding of the rape, felt ungrounded, unless there was a real process of listening to the rape story at the beginning. However, whilst there was a need to hear the story in order to engage meaningfully over the questions and prompts, there was also an equally important need to allow that story to be told by the survivor in her own words and in her own way.

This freedom in the manner of telling the story had several interesting implications for the structure of the narratives that were generated. Firstly, the women took pains to locate the events and provide a context and a story leading up to the assault. Thus, they would specify the time, the place, what they were doing, why they were doing it and generate a rich narrative that led up to the moment of the rape.

*Actually, it was on May ... 1st May. I was walking, and going to my boyfriend's place – it was around about ... past nine (C: OK) So, I was going to my boyfriend's place, but ... I think it's not far from the place where I'm staying ... I was just staying in ***** at the time. So, on my way, I was running, on my way, there comes this car. It wasn't busy by that time, but usually, at that street it's very busy, but it was not busy by the day. So, there comes this car on my right, and then after that, they turned and they parked ... um ... close ... next ... next ... by my foot ja, and then I ... like ... it didn't come to my mind, that these people, they might be coming to me, because I wasn't expecting anyone to attack ... so I just passed .. I ... I find my way to pass through. But unfortunately, they opened ... the driver opened the door, and they came ... came out with a gun ... and ...*
(Jabu)

This excerpt reflects the “scene setting” that was common to all of the narratives- time and place are specified and the initial contact with the rapists is explained.

Earlier I spoke of the stories of silence that run through these narratives, and one of these silent stories can be seen in the actual structure of the rape narrative. There is silence surrounding what is reported about the rape itself. These interviews do not force women to give details about the sexual act itself, and whilst the women give elaborate details of where they were, what they were doing, why they were doing it up until the moment of the rape and they then encapsulate the rape itself in a phrase “then he raped me” and then again there is an elaborate narrative following the rape explaining what happened afterwards. In fact many of the women find it difficult to even say the word ‘rape’:

The day of the thingey? (C: Ja) ... The whole thing?
(Fatima)

...he pulled myself down (strangling gesture) while he's busy with me.
(Soraya)

They also often pause as they struggle to find words to tell their experiences. In fact often they resort to using the words of the rapists. They tell what the rapists said to them during the rape...but even that they censor.

He come near me, and throw me twice, and he get onto me, so I started "Uncle Eric what happened? What's happening Uncle Eric? What's going on Uncle Eric?" I shouted at him. So then Uncle John shouted at me, and then he said to me "I want to eat your pussy"
(Soraya)

He said, "This is a bitch, rape her" Then he said crazy things- "I'm going to gut you and rip your intestines out- all girls are snakes" (speaking metaphorically about the actual act of raping her)⁵
(Lynda)

Often the actual rape would get lost in the noise of the narrative describing the circumstances surrounding it. So as listeners we are not sure of the exact incident, as it remains hidden.

Here Christine describes how her neighbour rapes her:

*So he opened the door, he pushed me inside the house, that's when everything ... just happened ... so quickly ... he started taking off my clothes, and everything ... but he locked the doors ... and so that ... if someone comes in the house, he couldn't get inside the house. (C: ... and all the time he had the gun ...?) Mmm. And he started saying nasty things like ... he's losing his mind or something, but at that time, I couldn't think straight, I couldn't even waiting to stop, ... I got confused ... how he would even think about doing that to me and stuff – **but then he did**, and afterwards I found out that his father was in the house.*
(Christine)

This extract shows the force of the man and her confusion, but only allocates a few words to the sexual act, "**but then he did**".

Thandiwe recounts the details of the men breaking into her room and stealing her groceries in about 35 lines of transcript, but then provides the following single line about the rape:

*Then he said 'Lay down, lay down'. After I layed down, and ... **like he raped me** ...*
(Thandiwe)

⁵ Quotes that are underlined are translations of what was originally spoken in Xhosa

In Lynda's narrative, there is great detail about the violence of the man who keeps hitting her as he tries to find out where the gangster is that he is looking for, and much detail about the struggles over taking her clothes off. However, she does not mention the actual act of rape at all, so, as you read through the narrative, you are not quite sure at what points in her long ordeal, the actual rape occurred.

Sielke, S⁶ suggests that rape cannot be expressed in a narrative because the nature of rape is silencing and secret:

Rape cannot be visualized ... because rape makes the victim invisible. It does that literally first—the perpetrator “covers” her—and then figuratively—the rape destroys her self-image, her subjectivity, which is temporarily narcotized, definitely changed and often destroyed. Finally, rape cannot be visualized because the experience is, physically, as well as psychologically, inner. Rape takes place inside. In this sense, rape is by definition imagined; it can exist only as experience and as memory,..., never adequately “objectifiable” (in words) (p. 42).

This perhaps is a way of understanding the reasons for the few confused words and short phrases that are all the women allocate to the rape itself. Perhaps it can only exist in “experience and memory” and cannot be easily expressed in narrative.

Finally, the narratives of the events following the rape were again rich with detailed information and explanation. These story structures elaborated and amplified the circumstances around the rapes, shrunk the specific rape incidents, and then expanded the story of the aftermath. Whilst this open and free question about their experiences disallows a detailed analysis of the physical rape itself, it allows a privacy about the incident, and prevents the women from being violated again by overly-intrusive questioning. Rosenthal (2003) commented on the importance of allowing free agency in the telling of traumatic stories. He stressed the importance of avoiding a “forced retrieval of traumatic material” and these stories show the way in which women elect to discuss other aspects of the assault, and not the intimate and traumatic detail of the event itself. Perhaps this narrative reconstruction allows agency

⁶ Sielke, S is a literary theorist, rather than a psychologist and this quote is taken from an essay discussing the reasons for inadequate representation of rape in narrative and in art. However, in this discussion about narrative structure it seems relevant.

when the rape itself has stolen agency from the women. Thus, as they make their own choices about telling the story, they in a sense win back control over these overwhelming experiences.

4.5.1 *Two narratives/stories of the same incident*

Although it was not planned, two of the women I interviewed, Stephanie and Karin, spoke of the same incident. They were also cousins. I was not informed of this, and so I went into the interviews blind. It was only during the interview with Karin, that I realised that she was telling me of the same event, described by Stephanie. However, the narrative was so different from Stephanie's that even by the end of the interview I was not absolutely certain that they were speaking of the same incident. I will firstly highlight the differences and then make some suggestions about the two narratives.

Both women report that they were walking in a group of four girls, when they were accosted by a group of men, robbed and then raped. However, they differ in the events they describe post-rape. The first point of difference was the mention of the taxi. Karin said that the taxi had refused to take them to the church, whereas, Stephanie said that the taxi did them a favour and gave them a lift even though they had no money.

We hiked there and we got a taxi, and we asked this taxi to take us where we were going to, and he didn't want to ... and he said he was going home.
(Karin)

In contrast to this negative reaction that Karin remembers, Stephanie remembers the same incident in a more positive way:

Stephanie: *The taxi took us, and dropped us near where we were going – like ... without money because the money was taken*

Nokuthula: *The taxi ... er had ... done her a good favour – the taxi man – a good favour for them, because he didn't even charge them, because they didn't have any money by now, and ... And did you tell the taxi man what happened with you?*

Stephanie: *Yes, we told him*

Nokuthula: *... and ... because they told him – the taxi driver – that they've been raped now, so they don't have any money to go, and the taxi ... take ... took them to the place where they wanted to be.*

Another point of difference is the descriptions of the people at their church. Karin remembers them as judgmental, whereas Stephanie remembers them as being helpful. Here Karin, with the

help of Nokuthula's translation describes the reason why she has vowed not to go back to church:

Like they(the church members) will say, we like men ... something like that
Yes, they will talk one another, when they meet together – if someone meets another one ... and
then they will talk about this, saying that "Did you hear what happened to these ... " and they
will say, "That's good for them. They've got what they wanted- they like to walk at night"
 (Karin)

In addition to the contrasting memories of the incident, the two women report contrasting responses from family members. The reaction of Karin's family was negative and blaming, whereas Stephanie received a more supportive response. Karin recalls her father being angry with her for going out at night, and has an unhappy memory of his angry and unsupportive reaction to her disclosure of the rape. Stephanie, on the other hand, remembers her family telling her not to blame herself, as she was on her way to church at the time of the assault.

My mum accepted it, and my father was angry and) said that we took a risk.
 (Karin)

In contrast Stephanie reports the support of her family:

As I explained to them, they didn't say, but they said since we were on our way to church, it's
not that bad, because we were not going to shebeen or bad places – like this thing happened on
our way to church, so we reported this to the police, and all that
 (Stephanie)

Of course, ironically the implication of this statement is that Stephanie's family would have been unsympathetic if she had been raped on her way to a shebeen, but because she was going to church, she is an innocent victim. The positioning of the raped woman as being a bad and immoral whore unless she can prove otherwise, through suitable acts of contrition and religious conviction, is startling.

During the interviews, Karin was quite withdrawn and negative, whereas Stephanie reported feeling stronger and having been helped by the supportive reactions of friends, teachers and family. It is interesting that the emotional response and current well being of the women, echoed the quality of memories that they had of the incident. I found this interesting during the interviews, but later when analyzing the transcripts I wanted to look more closely at the description of the actual rape. On close examination of the transcripts, it struck me that

Stephanie reported more instances of fighting or resilience during the rape than Karin did. For example, she reports throwing her cell phone into the bushes to stop the rapists from stealing it; she reports refusing to undress; and she reports looking around to find ways to run away.

Whereas Karin reports a more passive stance, where she sat and did what the rapist asked her to do to avoid getting killed. These reactions during the rape meant that Stephanie was treated more violently: she was beaten over the head with the gun and was sodomised. However, despite this, it seems as though her journey of recovery has been easier than Karin's. Whether, these acts of defiance were emblematic of Stephanie having a more resilient nature prior to the rape, or whether the fact that she fought and resisted, meant that her road to recovery was quicker, is difficult to ascertain. However the differences in these two narratives do throw up lines of further possible enquiry into the impact of emotional response to an event on the quality and content of narrative generated.

As discussed earlier, Allen (1992) highlights the importance of actively looking for the incomprehensible, as this feeling of disorientation within our subject is where we discover new truths and knowledges. In this case, the differences between these two stories initially caused disorientation and my immediate reaction to this discomfort was to try and "find truth". Rogers (2001) also encourages listening for contrasts as a way of understanding a map of tensions and differences that influence the narrative generated. In this case, the two contrasting accounts of the same rape incident threw up many opportunities for thought and analysis about the impact of resilience and recovery on the actual memory of the incidents. The incongruity encouraged a deeper reading and thus a more layered understanding of Stephanie and Karin's stories.

4.6 Stories of symptoms

All of the women spoke of experiences and states that could be classified into psychiatric symptoms. As mentioned in the literature review, critiques of RTS and/or PTSD suggest that it pathologises women's suffering, making them sick or 'crazy' as they respond to a horrific event (Martin, 1993; Stefan, 1994). Interestingly, this was paralleled in the stories of madness that emerged in the women's accounts of how others responded to them. Before examining the stories of specific symptoms, it is necessary to see the backdrop of 'madness' ascribed to the women by the men they encounter.

4.6.1 *Stories of madness*

Four of the women explicitly refer to people thinking they are mad, following the assault. This seems to be an extension of the idea of being sullied. In addition to being dirty, they are mad. They tell stories of how society locates the madness within them. This layperson's location of madness within the women echoes the historic and traditional response of professionals. It is similar to Freud's eventual conclusion that women's stories of sexual assault are the fantasies and fabrications of hysterical or "mad" women. What is striking here is the way these stories echo this response: Men in twenty-first century, Khayelitsha responding similarly to professional men in 19th century Viennese high society. A woman who is suffering must be mad!

Fatima speaks of her husband almost killing her, and then telling the man who tries to help her that she is crazy and he shouldn't worry:

*But I just hang around, by the ... roadside, by the main roadside. And so this guy helped me, and he saw the blood, and so, so he asked me 'Now what? Why do you think he's hitting you so?' So then my husband said, 'No, **she's mad ... she's mad**. It's OK, I'll just take her home, and we've just had an argument, and she's mad....*
(Fatima)

Jabu also tells of the crowd's response to her. She has just been raped by two men, and then has fought her way out of a car driving at speed down the motorway. She is naked and runs back to a garage to get help.

*So I went to the garage, and ... had no clothes. Half naked ... and people were running from me, because they thought maybe **I'm mad**. And they started to run – if I'm going to someone, then he starts running. Then I went to the garage – it's safer to go to the garage – it wasn't far ... from this place. I entered inside the ... where they cash up, and I said 'please guys, can you help me?' and no-one wanted to help me, because ... **they thought I'm drunk, they thought I was mad** - most people around there – they are always drunk. So, everyone was saying 'no, no. Get out ... get out' People were coming inside, because someone heard that 'there's a lady inside, who's ... like ... is half naked', so people were coming – only came to just ... look, not to helpbut by that time, I sat down, I ... I couldn't stand up. Because I fell – the ... and I fell, the pains nowso I couldn't stand up.*
(Jabu)

Here we see how people respond to Jabu's distressed state. There is a fear and a fascination. They become voyeuristic, but they locate the problem within Jabu, they do not offer to help, and even run away from her. In an attempt to avoid pathologising the suffering of the women I interviewed, I have elected to consider the stories that surround the "symptoms" that they report. This allows us to hear women's strength and struggle rather than just their pathology. What follows is a brief analysis of these stories.

4.6.2 Stories of terror

The story of fear permeates the narratives. Every single woman interviewed reports being terrified of dying and expecting to die. As Thembiwe explains, her thoughts during the rape are of her body being abandoned in the ditch where the assault occurs:

Ja – most of the time, I was thinking Ok – I'm going to be killed here – and this place ... nobody will ever see me here. They will just maybe see my red jacket there, and they will think it's a plastic bag. And then I will rot in here. Ja – I had thoughts like that - I was very scared...
(Thembiwe)

This terror during the event is reported, regardless of whether the perpetrator is known or unknown. Even when the perpetrator is her husband, Fatima speaks of terror that he may actually kill her. Emmelita speaks of being raped by two men who she has known all her life:

The thing I want ... was most was I was thinking of death. Um, death. I saw a lot of blood, and firstly I think ...of dead, or death. And so I thought God I mustn't have AIDS. That's the only thing I was thinking about, having AIDS. And bleeding to death.
(Emmelita)

Christine also speaks of her fear of death at the hands of a known perpetrator:

The gun scared me a lot. And I thought he was going to shoot me with that gun. I ... I really think he would have killed me, or something. Because he was very aggressive – and the way he was raping me, and he was wringing my neck and everything ... I ... really thought he would have ... hurt me badly.
(Christine)

Rape is a terrifying crime. It is a trauma that intrinsically is linked to death and killing and these women speak in strong language as they attempt to convey their fear. The DSM-IV defines PTSD as requiring a "Criterion A Event", essentially an event that causes terror and fear of death, before a diagnosis of PTSD can be considered. In the literature there is sometimes

a speculation that rape is not always a violent and life-threatening event, particularly in the case of known perpetrators. The women in my study declare otherwise. Regardless of how well they knew or didn't know the perpetrator terror and fear of death were integral components of the experience for these ten women.

4.6.3 *Stories of hypervigilance*

Hypervigilance is another "symptom" which is outlined in the DSM-IV. All of the women reported feeling more alert and scared after the rape. They speak of the rape shattering their feelings of safety. They no longer sleep easily, and are constantly on alert.

Fatima speaks of her feelings of fear being so strong, that she felt she was behaving as if she had taken drugs:

I know him, he will sit around the corner – he'll sit in a tree and he'll watch me. I was, like, someone that's using drugs, maybe. I was paranoid 24/7. There was one night, there was ... this ... um ... Indian crows ... I think it's Indian crows – the black thing – they were in the roof, and I insisted he is in the roof – for three days I went on – he's in that roof.
(Fatima)

However, whilst this hyperalert state causes suffering in the form of lack of sleep, it also speaks of a self-protective awareness. Being hyperalert may mean that you are able to protect yourself from other realistic threats. In a context where danger is everywhere, this increased arousal does serve a purpose; relaxed fearlessness is an unaffordable luxury.

The literature also describes the symptom of numbing or constriction. This again was evident in all of the narratives of the women in this study.

I was feeling like ... a zombie. Like someone who's blind and dumb.
(Soraya)

I didn't even think of anybody – my mind was blank ... mind was blank
(Thembiwe)

This acute stress reaction is consistent with the literature on RTS. It is documented that women do not necessarily cry and express extremes of emotion immediately following rape, and they sometimes display a numbed and quiet reaction (Burgess & Holmstrom, 1974). However, what is interesting here is the gap between the scientifically “observed response” of sitting quietly and calmly post-rape that is described in the literature and the subjective horror and emptiness of that quietness that is expressed in the words, “zombie”, “blind”, “dumb” and “blank”.

4.6.4 *Stories of intrusion*

The women also tell stories of how the rape haunts them and intrudes in their lives. They report “flashbacks” and the ways in which certain triggers bring back the horror of the assaults.

Emmelita describes how she is haunted by the rape and constantly expecting to encounter her assailants:

And I can't sleep well, every night, if I sleep I get nightmares of the guys. Like a bomb, smashing in the mirror. I can't see to look in a mirror, and I see them ... And the thing is haunting me in the night. Every time I hear voices, or I get depressed. One time someone called me on the phone, and I thought it was them. And I said 'who's that' ... he stayed anonymous. (Emmelita)

Whilst some of the women speak of being “haunted” by the rape or the rapists, others seemed to experience the flashback in a more somatic way. Soraya, who had begun the interview in an extravert and lively manner, became progressively quieter as she spoke of her assault. She said she felt very tired and just wanted to sleep and she also reported feeling nauseous as a result of talking about the rape. She slowly curled up in the foetal position during the interview and held onto her stomach. It was as if the questions had triggered a somatic flashback response in her.

All of the women also reported the memories of the rape interfering with their day-to-day activities. Christine explained how thoughts of the rape are triggered by some of the reading material she had to study for her exams:

But ... I'm surviving. I pray to God every day that I don't want to ... put my mind to this ... horrible experience ... I don't want to put my mind – because if affected my studies, because at the time, I was writing my exams and everything so ... that really affected my studies, cos I've been failing ... and ... have lack of concentration ... and ... but ... It just crosses my mind. It just crosses my mind, when I'm studying, and it's quiet, and ... I'm just studying and ... sometimes if I see a word in a book, that ... really reflects with everything that happens – in our society, and everything, it just crossed my mind that – I went through that, and I'll just say ...

tell myself ... "No man, calm down – it's ... he's not here, he's not going to harm you anymore, just focus on the studies."
(Christine)

Whilst the PTSD symptom of intrusion or flashbacks is evident in these narratives, what was striking to me was that these women are not passive victims in the face of it. As is reflected in Christine's words above, they struggle against it, urging themselves to forget about the rape and talking themselves down from a state of anxiety. It feels important to acknowledge that they are not sick women with another symptom to prove their pathology. Instead they are faced with a battle against the intrusive memories, and it is a battle that they actively and resiliently engage in. As a researcher it seems important to allow the story of these struggles with intrusion to be heard. This battle reflects Herman's (1992) dialectic of trauma where the trauma survivor suffers from extremes of intrusion and numbing. However, when listening to the stories of this dialectic, there is a sense of the survivor actively having agency in this process and wrestling with these "symptoms" rather than suffering from them.

Fatima speaks of her battles to keep busy in order to overcome the rape and assault by her husband. She decides to become a kitchenware demonstrator:

So I decided I'm going to become a kitchenware demonstrator, and ... because that's the sky to the limits, and I just went, and I went to Tupperware parties, and ... I was just busy all the time, doing something – selling something – going to that party, going to collect that – I have to do something, I can't sit at home because then I ... I feel ... really I feel lonely; I feel miserable, I feel ... I feel miserable towards life if I sit at home. I can't do nothing for myself. But now I want to achieve my goals. You know? And try to forget ... but you can't ... what happened. So if I keep myself busy, and I'm tired in ... at ... evening when I get home, then I can sleep. Otherwise I won't sleep.
(Fatima)

In keeping with Gilfus (1999) and Harvey (1996), it seems vital to document the struggles that the women actively have with their "symptoms". They do not behave as sick people with flashbacks, but rather women seeking ways of conquering the traumatic aftermath of rape.

4.6.5 Stories of contamination

Another symptom that is specifically described in the RTS literature is that of contamination. This was evident in stories of eight of the women in this study. They speak of feeling unclean

and wanting to wash, however, they also tell of knowing that they shouldn't wash in order to facilitate police investigations. They thus, are already responding in an active and resilient way, even in the immediate aftermath of the assault. They also describe the PEP medication in language that uses metaphors of cleansing or cleaning:

- R: *I just hated ... like... taking the pills as if... I'm a sick person, or I have this dirty ... whatever thing is, that I have to clean it up ...because of him.*
 C: *OK ... So was the medicine – was it more the emotional, psychological thoughts that came with the medicine or more a physical reaction?*
 R: *It was very emotional ...*
 C: *Emotional? Every time you took the pills,*
 R: *Every time when I'm taking the pills, it would just remind me ...that I'm taking these pills because of what happened to me. And ... I just wanted to finish off with the medicine – didn't want to take any more pills ...*
 (Christine)

The doctors of there they are cleaning us, and giving us some tablets to clean us
 (Stephanie)

4.6.6 Stories of avoidance/ strategy

I had started with two themes, stories of avoidance and stories of strategy. However, as I was analyzing the narratives it became clear that stories initially categorized as avoidance could also be seen as stories of strategy. As Stefan (1994) highlights in her article about Rape Trauma Syndrome, intelligent rational actions on the part of rape survivors have been pathologised and made into symptoms of Rape Trauma Syndrome. She asserts that this locates the problem of rape within the survivor and this is not where it should be located. The women interviewed all report 'symptoms' of Rape Trauma Syndrome's Reorganisation Phase, or alternatively, symptoms of avoidance in the PTSD diagnosis. They relocate, avoid going out on their own at night, they avoid the places where they were raped and they avoid places where they may be hassled by men.

Um ... just in that area, and ... areas that are similar. We used to walk to the beach – I don't do that anymore. Um ... I avoid places with trees – still avoid places with trees. Um – dark corners – I never go – even during the day. If you're in a street – there's nobody there, I feel kind of strange walking in there.
 (Thembiwe)

Within psychological thinking ‘avoidance’ has connotations of weakness and connotations of pathology. PTSD is categorized as an Anxiety Disorder, and one of the key criteria is “avoidance of stimuli associated with the trauma and numbing of general responsiveness” (DSMIV-TR). However, when one realistically evaluates the context within which these women live, are they not making strategic decisions that display a healthy response to horrific experience? How does one separate avoidance and strategy? My suggestion is that avoidance speaks to anxiety: strategy speaks to fear. When women make these choices, they are making healthy decisions to keep themselves safe. However perhaps when they avoid thinking about the experience, and frantically fill their time with activities in order to block it out, or when the avoidance disrupts healthy relationship then the avoidance can become more pathogenic. It disallows a processing of the experience.

... it has been ... like ... I didn't want to touch him, and I didn't want him to kiss me, or do any sort of things with me, cos it .. it ... just reminded me of what happened again.
(Christine)

In this case Christine’s avoidance limits her relationship with her partner. She struggles with this and later reports that she is finding sexual relations easier

4.7 Stories of poverty

Whilst there are narratives of “reorganization”, there is also a subtext of this being a luxury that is not available to women living in the Cape Flats. There are constant reminders of the ways in which poverty prevents them from having the “symptoms” described in the Western based models of trauma. Soraya speaks of how she continues to live next door to the man who raped her; she is constantly threatened by him and reports him spitting on her. Many of the women have to walk along the same road in order to get to work as they have no alternative. Stephanie and Karin have to use the same route in order to get to church. They do not have the option of safer routes. A striking moment for me occurred after interviewing Lynda and Jabu who shared a taxi. On this occasion, Jabu went out of her way to travel with Lynda and they made a plan that Jabu would go to the Manenberg station with Lynda, as Lynda gets scared traveling on her own. I drove them to the station after the interviews and I was quite struck by the way in which there was a group of men cat-calling them as they got out of the car. It was a painful reminder that after the safety of the research interview these women all have to return to and negotiate a

context that is characterized by violence and harassment. One element that I think heightened the cat-calling from these men at the station was the fact that they were traveling in a car with a white woman. This seemed to attract attention from the men and they actually approached Lynda and Jabu as they got out of the car. Jabu put her arm round Lynda and firmly ignored the men, as they walked past. Their strength in this moment, a moment when I felt scared in the safety of my car, filled me with respect. Their resilience in spite of what has happened to them was a striking reminder of the role that poverty plays in mapping the ways in which they are forced to recover. Jabu and Lynda do not have the luxury of changing the locks and moving to safer districts. They must stay and negotiate their survival in the very places where they are most vulnerable.

4.8 Stories of heterosexual relations and gender

Noticeable in all of the interviews was the way the rape was described in terms of its impact within a network of relationships. It is not described as something where its effects are located within the individual woman. Rather its effects are expressed within a social context. This echoes Harvey's (1996) presentation of an ecological model of trauma, where women are not seen in isolation, but rather as a part of a social system or community. The trauma impacts on the system of relationships and is also mediated and moderated by these relationships. The journey of recovery is made easier by supportive relationships; it is made more difficult by blaming and negative relationships.

Christine highlights the way the rape occurs within a social fabric. First she explains how supportive people are fundamental to her recovery, and then she compares her story to someone else from her community:

I don't really know – I really don't know what do they get, cos if they think they can take away self-esteem, or ... being motivated or what, it won't work, because if you ... have very supportive ... groups of supportive people, then you will make it. And there's nothing they can do to you. They can just .. scare you and make you uncomfortable, but once you get along with people, and you see that people are on your side, and they're supporting you, then they won't harm you. And even though the experience that you went through, is going to stay ... as long as you live, it's going to be there; the picture will be remain there, but still ... I just tell myself that I'll make it – I will make a better person of myself. I'm not going to let one situation just throw me down, or anything, because some ... I think of people that have gone through worse situation than I was, and I thought I was very lucky ... cos my auntie told me about this situation that this

girl was raped, and she was lying there, unconscious and she was naked, and ... people found her when they were going to work, and they said ... and they saw this girl lying there naked, her legs open and like dead. And she was unconscious, cos she was raped during the night, and no-one see what was happening to her. And the thought of just hearing that situation of that girl, and comparing that to my situation, it's really ... unfair to that person that it happened to, but I was lucky that it didn't happen to me.

(Christine)

All of the women seem to construct the rape and its impact in relation to those around them. Whilst the women do tell the stories of symptoms that are explored above, it is not the symptoms that cause them the most distress. Instead it is the damage to their relationships and the damage to their 'role as women within a social context that is portrayed as the most distressing part of the aftermath to the rape. Violent language is used to express the impact of the rape on their lives. Images of "bombs smashing mirrors" (Emmelita) and "bitches being gutted" (Lynda) convey the violence and horror of what has occurred.

There is a sense that their very womanhood is damaged or ruined by the rape:

I think that I've lost my virginity, and half of my life. Cos I thought ... the first thing in my mind, is like, I can't have children. I think I can't have children, and ... Very bad experience. I was about to kill myself, and I've thought about that before, because if my life is thrown away, these guys messed up my life, my whole life. I've had hate feelings Yes. I hate everybody

(Emmelita)

This description of loss that permeates all of the narratives reflects Chasteen's (2001) finding that women who have experienced rape tend to liken the rape to stealing or loss. The women who I interview express the experience of loss. The rape has stolen something from them and diminished their own constructions of themselves as women -mothers, virgins, pure, lovable and feminine.

All of the women tell stories of anticipated rejection from their partners. In response to questions about their main worries following the rape, the central response relates to the idea that they are now dirty or spoiled in some way and will be rejected by their boyfriends.

... I just ... I thought he was going to dump me, or desert me or something ... Cos ... some of the ... guys, they don't like it when their girlfriend's been raped ... or ... some one just took advantage of you ... it ... it seems as if there's nothing left for him, and you're just ... no-one; you're just a nobody. And I thought maybe he's going to look at me that way, cos he's a guy, and guys do things like that, anyways.

(Christine)

Lynda speaks about her fear of loss of/ damage to her reputation as a result of the rape and she expresses her main anxiety being about what the men will say about her. She is particularly worried that they will say she was raped by *many* men, as she feels that would damage her standing within the community more than if they speak of her being raped by *one* man.

They will say "that bitch has been raped...hey that one is tired, because she was raped by so many men".

(Lynda)

The damage she describes is not something intrinsic or symptomatic, rather it is something constructed socially. It is her reputation and relations with others that worry her the most.

According to these women, whilst the rape is seen as viciously damaging and destructive, its destructive power is seen to be in the damage it causes to relationships, and to the position of each woman within her community. For these women psychiatric damage and pathology is not regarded as being a particular area of concern.

This expectation and view is echoed by the responses they receive from others. One man even makes a joke about the possibility of rejection. Here Jabu is waiting for the police. She is injured after being raped by two men and jumping out of a car traveling at high speed down a motorway. She is naked and covered in blood, with a broken arm and waiting at a garage for the police, and a well-meaning man who is helping her to call the police jokes with her.

"You know, were ... were you going to your boyfriend's?" so I said Ja, ja. "So now, it's going to be clear if this guy loves you or what, because now ... you were raped, and ... this and that and that and that" ... But he was just ... I think he's someone who's having a sense of humour you see

(Jabu)

What was striking and shocking to me about these expected rejections is that the women do not express any outrage or sense of the fact that their partners' rejection is unwarranted and wrong. In fact here, Jabu explains this man's comment as being due to his sense of humour. Again the differences between us were revealed, as Jabu made comments which I found hard to listen to from my standpoint as a feminist.

Eight of the women express a tacit acceptance that they are indeed spoiled or sullied and they quietly accept the rejection. How do we/ I as a feminist listen to this? Do I endeavour to encourage outrage and activism, or do I sit back and listen? Herman (1992) speaks of the way in which trauma causes disconnection and breaks between people. She argues that one of the central tenets to healing is the reestablishment of attachments and connections. It seems that in order to reestablish connection with the people they love, these women cannot afford to clash with their contexts. Reconnection depends on acceptance of hegemonic patriarchal heterosexual relations: relations where women are seen as possessions and can be spoiled.

4.9 The women's understanding of rape

The understandings of the rape are also firmly located within the context of patriarchal society. When asked why men rape women the answers tell of men needing sex, women dressing in a revealing way and men being unable to control themselves. There are no explorations of apartheid and oppression and unemployment and disempowerment. Instead rape is perceived as a sexual crime based on men's libido, and women's provocation. This view is held despite its obvious contradiction in the facts of their own stories.

Here Soraya speaks of her understanding of rape.

... a man's different like a woman. A man is ... you get some men that they can't stay without women. If they stay too long without a woman, then they have to do something, just to get to a woman. Not all men – you get men like that. And some men, they don't care and some men, they must, they must get a woman. They must get her. They don't care, as long as they can get a woman ... Ja, I think that's the reason it happened. Because his wife ... she died ... three or four months before it happened. He didn't have a wife also.

(Soraya)

She explains her rape as being understandable in the context of a man who lost his wife three months earlier, and was consequently in need of sex.

Thandiwe, who was asleep in her bed at night, when a man broke in and raped her, speaks of the reasons for rape.

The rape? It's from ... you see ... our people, ne? They ... are wearing ... those short things – like short skirts and ... small things, and there's something coming out that ... just comes out and shows, ne? Then, that's why the people, they think to rape everybody, you see ... Aye. But I don't think that I'm wearing those things. I'm saying what I'm thinking...
(Thandiwe)

Her explanation, firmly grounded in the myth that wearing a short skirt is one of the reasons for rape, locates the blame in the woman, despite the reality of her own experience which is in stark contradiction to this myth. She was asleep in her bed when it happened and when prompted to elaborate the reason it happened to her specifically, she cannot say, but falls back on the short skirt myth:

(Sighs) I can't say ... I can't say ... because like, I don't know why did it happen – because ... I'm not ... Yes – I can understand to those people ... It's bad – it's ... the girls that I was telling you ... they like ... they want to wear the ... clothes, like when they're wearing the clothes, and the skirts show how is your legs, like... transparent – that's why the rape can happen ... ja, it can happen ...
(Thandiwe)

Fatima, who was raped by her husband, speaks of why rape happens. Her story again implies that women deserve it and that men can't get enough satisfaction from one woman.

- R: *OK. Some women ... you know, they'll ... like, for instance, on a Friday night, cos ... they'll go out, and they'll go for a party or so. Go to clubs, drinking, drinking, drinking, drinking – or not even to a club - to a shebeen in a coloured area, sitting on the shebeen, drinking, knowing that there's lot of other guys, and .. they'll get to know the one guy, you know, just meeting him there, getting something going on, or so, and he will have friends, and by the end of the day, when she's leaving, it's rape, or ... I don't know. I can't speak for them, I don't know how they feel, I don't know how they happen, because I don't live with them, I don't ... you know what I mean?*
- C: *And why do the men do it?*
- R: *I think they're sick. Ja. Why don't you just get yourself a girlfriend, or why don't you get someone in your life? Why are doing something to someone, how would you feel if you get raped? And you are men. You know? How would you feel? So ... why don't just get yourself a girlfriend. Or some people, they can't just get enough of one person ... or ... I don't know.*

There is a sense that bad women get raped. Nine of the women tell of women doing something to deserve rape. There is a high level of acceptance of the rape myths expounded by Burt in 1980. Consequently, the rape causes much self blame and shame. It is possible that this understanding, which locates responsibility within the women, hinders the journey of recovery.

Even when the men are criticized and described as being “sick”, there is still an acknowledgement that they need sex, it is just that the women suggest that they find a girlfriend to meet this need, rather than using rape.

Thembiwe speaks of her sense that she did not resist enough:

I felt very worthless. I felt that I should have ... I should have fought – maybe the gun wasn't loaded, maybe it was a toy gun – but it wasn't a toy gun – maybe it wasn't loaded – you know – maybe I should have fought ... and ... right ... and OK, I felt very dirty – I felt very worthless.
(Thembiwe)

Here we see the implicit belief that she is responsible for what happened. She locates the blame within herself.

Additional narratives of “why” are woven into these stories: there are tales of drugs, tales of gangsters and tales of unemployment. They are essentially stories which describe the context in which these women live. A world where drugs, gangs and unemployment are rife is a world where the risk to women is seen as an understandable price.

Thembiwe suggests drugs and unemployment may be factors contributing to the high incidence of rape:

The only explanation I can think about is ... the drugs that these people are taking ... and ... they can do whatever to get ... their next ... drugs. And ... they feel nothing. That's one. And ... two ... could be the unemployment ... Could be the person wanted ... I mean people would want the money, because Ok robbery is there – every day in Khayelitsha. They are looking for the money because they are unemployed – and now it's become their way of life ... to rob people. I mean, how they get income. And ... ja ... could be unemployment. And then ... after ... after robbing you ... they will see how vulnerable you are – how scared you are and then ... they will just rape you.
(Thembiwe)

Emmelita explains her views in the context of the difference between us. She differentiates between Zimbabwe and South Africa, claiming that the problem is worse because of the gangsters in South Africa.

With South Africa, mostly, it's gangsters. I don't know why there're so many gangsters in our country. Because in Zimbabwe, there isn't a lot, because we toured with my aunt there, I was there and there isn't a lot of gangsters there cos I think when I come there they're like friendly, they talk to you. They talk to you. They're like ... they're not like here, in South Africa. Just

like everyone out there wants sex and AIDS in South Africa. With ... they spread AIDS around here in South Africa.
(Emmelita)

Jabu reflects on rape, and after questioning the fact that she was wearing trousers when she was raped and not a short skirt, she goes on to think of other reasons:

No – I don't know that – I don't know why ... what is the actual reason. Even if someone's drunk ... I don't even know why ... why ... someone have to rape someone else. I don't know that ... I don't think there is ... any reason ... to rape. I don't think so. Maybe there is, but I don't think there is ... any ... reason ...
(Jabu)

What is striking about this comment is that she allows the possibility of a legitimate reason or excuse for the perpetrators of rape, even though she acknowledges that she cannot think of this reason. She suggests alcohol, but then feels that this does not justify raping someone.

There are also explanations that suggest a notion of rape as revenge. Christine speaks of her rapist as having been angry that she had not responded to his previous requests for her to go out with him, and she suggests this as a possible motivation for the rape. Stephanie speaks of her refusal to marry a man whom her extended family in the Transkei had wanted her to marry, and suggests they may have organized the rape as a punishment:

(Nokuthula translates) She says she thinks that the rape was caused by her family members. Because they said she must marry an ... an old person round here and she were not even in love with that person. And she refused, saying that if she wanted to be a prostitute, she can easily go to Sea Point and be a prostitute there but she didn't want to, and refused to marry this man. And they said to her, If you think you can hide, we can easily find where you're staying and ... send someone there, where you stay. That is why she thinks it's them who send those people. She said she didn't want to tell them (her family), because firstly she thought it's them, and ... if it wasn't them, who sent those people, they will laugh at her, saying that 'You deserve it'.
(Thandiwe)

Essentially rape is understood as something caused by men's insatiable need for sex, and women's provocation. Women are seen as inducing rape, and this mythical view is held despite their own experiences to the contrary. There is no mention of apartheid or oppression or power. Power is hinted at in the discussion of unemployment and drugs, an environment where lack of power and helplessness is implicit, but power is seen as secondary to rape.

4.10 Stories of transformation

The psychiatric model of describing trauma has another major flaw. It treats trauma as a cluster of static symptoms, and allows no description of change. One of the fundamental narratives that emerged from this work is the story of transformation: transformation that occurs internally and personally, transformation that occurs within relationships and transformation that occurs as a result of the research process. Trauma is transformational and speaking about it and listening to it leaves you changed (Arvey, 1998). As Thembiwe, describes, the women feel as though their very identities are changed by the rape.

It felt very strange. It was like ... I ... the first day it was like – no- I'm in ... some other place. And I was still pinching myself – is it me? Am I alive?
(Thembiwe)

Whilst the women suggest changes in their lives, there is also a fierce desire to *not* be changed: to be exactly the same as before and to not allow the rape to change or transform their lives. These women are fighters, they are women who will fight to get back to the way they were before, to not allow the men to take something from them. Soraya and Christine explain their struggles with the transformation the rape causes within them and the sense of holding on to what they were before the rape:

First I talked to the ... I don't know what's that people I was talking to, because that time, I wasn't ... was ... I didn't know what was going on, ... because I wasn't the same person anymore. You see I thought for myself "I couldn't talk, now, with them, what happened. But maybe if I go ... to (the research sister), then with time perhaps I get myself right...back to that ... same person I was before,..." Because right ... at that time, I wasn't the same person ... person I am now
(Soraya)

They can just ... scare you and make you uncomfortable, but even though the experience that you went through, is going to stay ... as long as you live, it's going to be there; the picture will be remain there, but still ... I just tell myself that I'll make it – I will make a better person of myself. I'm not going to let one situation just throw me down, or anything
(Christine)

Later, Jabu speaks of a man paying her a compliment and how she responds fearfully to this. Her boyfriend then lectures her on getting back to being the same person as before the rape by which implication means being a woman who accepts and enjoys being harassed by men. Once

again the need to reconnect to the world means reverting to patriarchal heterosexist ways of being and relating:

So my boyfriend said ... like ... told me “now ...so I don’t want to hear such stories anymore. You’re still the girl you were before you were raped – and there is this thing you must know – people outside, they don’t know that you were raped. You are the one – only one – who knows. So ... if you are a girl, you’re supposed to- the guys are supposed to stop you. So you better ... pull up your socks and go on. Because this is life.
(Jabu)

Her boyfriend doesn’t want transformation in her behaviour, he wants her “to pull up her socks” and revert to the way she was before, where men are “supposed to” stop and harass women and women are supposed to tolerate it. What I found interesting here is the complex power dynamics in the way seven of the women deal with this notion of change. They speak in forceful ways about how they don’t want to be changed by rape. Thus, they fight powerfully to be what they were. They are not passive in this, but display agency and courage. However, paradoxically, they are using this strength to re-engage with a society where as women they are disempowered.

Transformation also occurs within the research process. When questioned about the PEP Study, the women do not experience it as a process of data gathering. They all experience it as a phase of change and intervention. This in itself challenges more traditional paradigms of research, where researchers strive *not* to change or impact on those whose lives they study. In fact, the medical researchers involved in the PEP Study, expressed alarm that the women saw this process as a service and as something that helped them to cope and process the rape. The sense that the research process was facilitating change and healing, was seen as possibly being confounding to the more scientific, medical PEP data. However, this difference in approach between the medical quantitative research staff and myself as a qualitative psychologist facilitated various conversations between the medical researchers and myself where our respective understandings of the research process could develop and be negotiated.

4.11 Lost in translation

The translation process itself presented interesting obstacles and stumbling blocks in the interview process. However, some of these proved valuable in themselves in providing a collaborative framework within which the stories emerged. Rogers (2001) reminds us to chart the moments when connection and communication breaks down, as these moments allow a richer understanding of the impact of sexual trauma. Somehow the difficulties and misunderstandings in this study provided a richer layering of the narratives.

4.11.1 *Mis-translation of questions*

Firstly, the issue of the translation of questions that I asked caused some confusion. I only discovered this at the stage of back-translation and so was unaware of the fact that certain questions were not translated literally. For example, whilst Nokuthula translated the initial open-ended question literally in the first few interviews, in later interviews she asked the women to tell us what happened in as much detail as possible. It seems that she was basing her question on the answers we had received in the first interviews. So, because the women in the early interviews had elected to answer the open-ended question with narratives of what happened, she seemed to think that she should ask the later interviewees to do this as well, instead of directly translating the open-ended question that I asked.

When she interrupts Karin, she tells her to start with the events that happened. In this case she informs me and so I am able to clarify that Karin may start anywhere she likes:

Translation error: Nokuthula translates my initial question and then instructs the interviewee to start with what happened, which is not the question that was asked.

Nokuthula: Right. Um, I want to explain that ... what ... where must she start, because she's now starting the feelings about what) the people think ... because she says the ... the ... time the rape happened to her, she ... was scared, and having fears that ... how would the people .. what would the people say or how would the people react to her. But now, I'm trying to say to her, she must tell us from the start, from the beginning, what happened.

Nokuthula (Translator)

Whilst in this case I was able to correct this mistranslation, in two other cases I did not realise she was asking them to tell us what happened. I think that it did limit the freedom in the narratives where it occurred.

Another example of questions becoming distorted, occurred in relation to the question of “Why rape happens”. Here, in one interview it emerged at back translation that Nokuthula was elaborating on the question.

Nokuthula: Is there nothing that you'd think about: Why is it like this? Catherine is asking, on this sense, that maybe you'll say that you were the one wrong – walking at that time of night, or we were dressed like ... they could see us like some people who deserved to be raped ...
 Nokuthula (Translator)

I at no time had suggested that this might be a possible reason for rape, but I think again, Nokuthula was basing her elaboration on the types of answers that earlier interviewees had offered. I think at the same time, her question reveals some of her own belief in the rape myths (Burt, 1980), described above. The implications of this are far-reaching. In a sense, her implicit belief in the rape-myths means that her interaction with the women echoes some of the responses they received in their communities. This speaks to the secondary victimization that Madigan and Gamble (1991) outlined, where communities hold rape survivors responsible for what has happened to them. Whereas I was shocked by the first interviews and the myth-soaked understandings of why rape happens, Nokuthula listened to these views with tacit agreement and then incorporated these answers into her elaborated translation of the question “Why” in later interviews. Explanations that were shocking for me were seen as normal and even “correct” to Nokuthula. These contrasts in our understanding about rape, generated further conversations between us, where Nokuthula highlighted her particular sympathy with these particular girls “because they were on their way to church”.

4.11.2 Mis-translation of answers

In some cases, the mistranslation of answers had a significant impact on the direction taken in the rest of the interview. For example,

Karin: Like, It has changed my life ... and I have learned ... every bad thing happens to a person ... and I'm getting used to it.
*Nokuthula: It has changed her life, but she has also learned that each and **every thing, it... it ... it happens for a reason – to a person.***
 (Mistranslation in bold)

Here, Nokuthula tells me in the interview that Karin has said that she has learned that “everything happens for a reason”, whereas Karin has actually said nothing of the sort. This mistranslation causes the conversation to divert from what may have been its natural course, as I then keep coming back to ‘the reason’ she has alluded to, when in fact she cannot think of a reason for the inexplicable crime of rape. Slowly she withdraws during the interview and her answers become more monosyllabic as we have, essentially, missed each other. I think she did not leave the interview feeling heard in the way the other women seemed to. However, I only discovered this mistranslation at the back-translation stage, and I felt shamed at the miscommunication and my own inadequacy in speaking the languages of the women who were sharing their stories with me. I wondered whether Karin may have felt blamed by me, as I asked her about this “reason”. The mistranslation speaks to a fatalistic judgment that Nokuthula makes, where she perhaps feels more contained if she can hold on to the belief that “everything happens for a reason”, as this makes these unbearable inexplicable stories more easy to hear.

4.11.3 Cultural brokerage in translation

There are moments where Nokuthula adjusts the meaning in order to present the interviewees in a way that she feels will gain my approval. For example, as Stephanie speaks of her G-string, Nokuthula hesitates and then translates this as “underwear”. There is a sense that a G-string is something dirty and inappropriate and so there is a desire to protect the woman from my judgment and so ‘underwear’ is described. This cultural brokerage bears witness to cultural differences in acceptability, it bears witness to differences in beliefs, and it bears witness to differences in language. It also speaks to my otherness as a white woman, and the myth that these terrible things somehow don’t happen to white people. There seems to be a sort of internalized inverted racism where these stories are shameful and need to be sanitized for me as a white person who is external to the community. As Thandiwe explains about “her people”:

*The rape? It’s from ... you see ... **our people**, ne? They ... are wearing ... those short things – like short skirts and ... small things, and there’s something coming out that ... just comes out and shows, ne?*

(Thandiwe)

There seems to be a sort of internalized, inverted racism where these stories are shameful and need to be sanitized for me as a white person who is external to the community.

4.12 The ripple effects of rape

One of the aims of this study was to allow the stories and voices of the rape survivors to be heard and felt; to allow the impact of the trauma to reverberate through the research process and to avoid packaging it into sterile categories. Thus, the next section of the results examines the ripple effects of the trauma as it has impacted on the people involved in this research. The interviews were translated, then transcribed and then back-translated and all of the people involved in this process were impacted on by the stories in different ways.

4.12.1 *The translator*

I have addressed issues of translation and cultural brokerage that occurred in relation to the translator, but here I would like to speak more of the impact of this work on her. Previously, Nokuthula had done translation of quantitative interviews for biomedical research, and so she was unprepared for the emotional impact that the rape narratives would have on her. After each interview we would have a 'debriefing' session, where we would speak about the process. Initially, Nokuthula was very anxious to offer help to the women, and would do this in the form of inviting them to church, or offering her phone number. There was a sense of powerlessness in the face of these terrible stories, and she admitted to me that she "just felt she had to do something". During the interview with Jabu, I realized that Nokuthula was crying, and it was after the tape recorded interview had finished that she shared with both Jabu and me, about how she had once had to jump off a moving train to avoid rape herself. She explained that Jabu's story had reminded her of this experience that she had not previously spoken about.

As an outsider to the areas where the women lived, worked and/or had been raped, I was not particularly interested in pinning down the exact location of the incidents. I also felt it limited anonymity to keep asking for the exact place names. However, I only became aware of this as I noticed that Nokuthula would constantly interject with questions about the exact locations of the rapes. So, for example, when Thembiwe is telling her story and is talking about the time of day, Nokuthula interrupted her narrative to check the exact places:

Nokuthula: Which section is that in ***** (place name deleted)?
 Thembiwe: Um ...Just opposite the graveyard ...
 Nokuthula: Which graveyard?
 Thembiwe: The ***** graveyard
 Nokuthula: On the corner- which road is that?
 Thembiwe: ***** Road and ... I don't remember the ... other one

It seemed important to Nokuthula to be able to locate the rapes in relation to her own life and the places which she frequented. Thus the women who were raped in the area where she lived were asked more about this than the other women. There was also an element where the reverse of this is true, and the women would speak to Nokuthula as someone who knows their area and would thus preface sentences with “**You know** the bridge...” etc. Thus, these narratives have extra attention to the detail of places and locations that would not have been there if it wasn't for the presence of a woman who is familiar with the dangers of the area. In a sense she is more affected by the locations of these incidents, as she herself goes to these places that become imbued with fear by the narratives themselves. She reported that after hearing Thembiwe's story she had been particularly hypervigilant on her way home past the graveyard that evening.

4.12.2 *The transcriber*

As the interviews were being transcribed, the transcriber would quite often phone to discuss the interviews with me. She admitted to having sleepless nights and to feeling very angry with the rapists and also the police system. She admitted to even feeling angry with me for conducting interviews and not taking on more of an advocacy role in terms of getting anti-rape petitions signed etc. Again the feeling of powerlessness pervaded in the face of the terrible assaults on the women in the study. However, what became even more interesting was that when I checked the transcripts against the recorded tapes, there was the recurrent insertion of three phrases that kept appearing in the transcripts: “*upstairs window*”, “*Hospital X*⁷” and “*I am sorry*”. None of these three phrases were said by any of the women whom I interviewed and I was interested that the transcriber had heard these particular words in the recordings. I then asked her a bit about them and she confided that a man had broken into their upstairs window

⁷ The name of the hospital has been deleted to protect confidentiality

and raped her own daughter twenty years previously. Subsequently, she had taken her daughter to Hospital X for treatment. She spoke of how evocative these narratives were for her, and she suggested that she may have been hearing from her own memories when she made these insertions into the transcripts.

4.12.3 *The back translator*

The back translator, James, was the only man involved in the research process. James is a Black, Xhosa-speaking clinical psychologist and so we sat and listened to the interviews together as he checked the translation of the Xhosa. What was striking to me was his account of how he felt frustrated with the translator for slightly exaggerating the passive victim role of the women, and toning down any fighting language that they used. For example, in Lynda's story, James reports that the language she uses is that of a fighter, and she even is cynical and dismissive of her rapist, and yet in Nokuthula's translation she is presented as a weak and fragile girl. James explained that for him, as a man, he really wanted the strength and fighting nature of these women to be heard, as it allowed him to feel slightly better about the terrible things that had happened to them. It allowed him to see them as survivors rather than victims, and he said that he felt this was an important aspect of their stories that was slightly dampened in the original translation. James also speaks of the tension between listening as a psychologist, where the stories are sad and shocking, and listening as a Xhosa male, where the stories are all too familiar, and men are desensitized to them.

Arvey (1998) reminds us of the importance of allowing and presenting researcher vulnerability as we witness trauma narratives. It seemed vital as the process unfolded to allow the ripple effects of these women's stories to be heard and felt. The research process was itself a social one and the rape narratives were embedded within this interplay of social relationships.

Conversations with the women about their stories, conversations with the translator, transcriber and back-translator and the sharing of confusions and differences in our reactions, allowed a multi-layered understanding of the impact of rape. Trauma speaks to trauma, and listening to these stories is evocative and brings up many emotions. However, as it uncovers our own experiences as researchers, a collaborative social research process allows for moments to process and understand our own experiences. As Campbell (2002) points out "by emotionally

engaging in our work, we gain a closer and potentially more insightful perspective...this kind of emotional enquiry could be an intellectual resource" (p. 27).

The ripple effects of researching rape do not detract from our understanding, but instead they add to it.

4.13 Summary

The detailed results of the research and analysis shows some of the complexity of the experience of rape, and the complexity of a research process in the Western Cape, where meanings are negotiated in a social context between, the survivor, the translator, the transcriber and myself.

My identity was both limiting and facilitative in its effect on the narratives generated. Often I was struck by the assumptions I brought to the research from my position as a feminist researcher and a clinical psychologist. These assumptions became clear as they clashed or conflicted with the stories told by the women, or the understandings expressed by the translator. However, this social collaborative approach allowed these differences and assumptions to be revealed and consequently facilitated a more layered understanding of the narratives.

By listening for stories, or chains of events, rather than symptoms, there was a sense of a continued meaning making process, where subtle underlying links and connections between events and symptoms emerged. In the next chapter, I examine the narratives more broadly in relation to the research and theory presented in the literature review and I look at the ways in which these women's stories intersect with some of the dominant discourses about sexuality.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.1 Introduction

This study aimed to explore two questions: firstly, how do a group of rape survivors in the Cape Flats make sense of rape and what meanings do they ascribe to their experiences; and secondly, to what extent do Western classifications of trauma provide useful frameworks for understanding the experience of rape in this group of women in post-apartheid South Africa. This chapter attempts to draw together the material presented in the previous chapter in order to address these questions.

5.2 Making sense of rape

It was hoped that the open-ended questions of the interview schedule would allow the women to tell their stories freely. Herman (1992) suggests that part of the healing process for traumatic experiences must allow survivors to make sense of and narratively reconstruct the events that have happened to them

Perhaps this narrative reconstruction allows agency when the rape itself has stolen agency from the women. Thus, as they make choices about telling the story, they in a sense win back control over these overwhelming experiences (Rosenthal, 2003). This approach allowed the free generation of stories, and later analysis of the narrative choices made, provided some insight into the ways in which the women make sense of the rape. Layers of silence became increasingly vocal as the research process continued. The tension between the desire to tell the story, (with the elaborate explanation of the location, situation, and reasons for being there) and the silence surrounding the actual rape incident was striking. So what does the silence speak of? It seems to speak of the shame that is associated with sexual violence. There is something so shameful and violating about this crime and I think this speaks to the pathogenic aspect of rape. As presented in the literature review rape is the trauma that has been found to be most pathogenic (Resick, 1993; Koss, 1993). Often rape has been constructed as a crime of power, and the sexual nature of the crime is overlooked and underestimated (Brownmiller, 1975; Lloyd

& Emery, 2000). Perhaps it is the fact that it is a *sexual* crime that makes it shameful and private. It is the sexual aspect that makes it unspeakable.

5.2.1 *Alternative mythologies*

Initially, a striking feature of these women's stories was the adherence to the rape myths originally expounded by Burt (1980). Rape myths were originally described as the stereotypical and inaccurate beliefs that people have about rape, rapists and rape victims. Lonsway and Fitzgerald (1995) documented beliefs such as: promiscuous women are more at risk; that rapists are usually dangerous and violent strangers; and that rape occurs in dark alleyways, rather than the home. According to Koss et al.'s (1994) classification of rape myths, the most frequently cited myths in this study were those involving *victim precipitation*. There were repeated explanations involving women in short skirts; women behaving provocatively, and women asking for it, despite the glaring contradiction of these myths with their own experiences. There were far less understandings that fitted into Koss et al.'s (1994) myth classifications of *victim masochism* and *victim fabrication*. As highlighted in the Literature review, it has been suggested that rape myths serve a purpose of allowing society to see rape as something that happens to 'somebody else' (Lonsway & Fitzgerald, 1995). However, whilst these women appear to inhabit a myth saturated context where women are blamed and seen as deserving of rape, there are some additional beliefs that show subtle differences with the rape mythologies of the West.

Firstly, there were no narratives that showed the myth documented in the West that rapists are usually strangers. As the women spoke of their own experiences and told stories of other women who had been raped, there was no suggestion or belief that stranger rape was the norm. Instead, it seemed to be an accepted fact that any man might rape any woman at any time. Secondly, there was no suggestion of myths of victim fabrication (i.e. that women lie about being raped). Rape is not viewed as rare, or happening to somebody else. Perhaps this is due to the rape saturated context in which these women live, where there is no 'othering' or 'distancing' of rape, as it is a constantly feared reality in all women's lives. Thirdly, many of the women spoke of the fact that men rape women because *they need sex and can't control their impulses*. This belief absolves men from responsibility for sexual violence. Thus, there is a mythology operating in these women's lives that serves a similar oppressive function to the

mythology documented in the United States. Even rape survivors themselves express the view that women precipitate rape. However, in the Cape Flats some of the Western myths do not seem to hold sway as rape is viewed as common, it is viewed as something that may happen anywhere and may be perpetrated by any man. In their place, other myths of men's biological need for sex, and of rape survivors being the damaged property of men, seem to permeate women's stories of recovery.

5.2.2 Gender, power and sex

In the Literature Review, feminism's contribution to rape research is documented. Landmark moments where rape is re-conceptualised as a crime of power embedded in contexts of gender inequality and oppression (Brownmiller, 1975; Buchwald et al., 1993; Lloyd & Emery, 2000) are highlighted. These writers have contended that rape is a crime of power and oppression rather than a crime of sex. The contribution of these voices to our understanding of gender-based violence is vital to the social fight against gendered inequalities. At the same time as acknowledging feminism's role in bringing the problem of rape to public consciousness, this study aimed to uphold the principles of feminist research, where women's voices and experiences are heard, rather than marginalized in the process of theory generation (Devault, 1990; Chasteen, 2001). This created a surprising tension, for the more I aimed to allow the survivors' voices to be heard, the less they spoke of power and oppression. Instead they speak of their understandings of rape as a sexual crime based on men's need for sex. They speak of rape occurring because women wear short skirts. They in essence say things, that as I as a feminist would rather they did not say. Whilst there is a meta-narrative running through the stories, where women's position as being objects owned by men, does reflect the inherent gender inequalities, the fact is that the women do not conceptualise their experiences in this way.

A possible way of understanding this sexualized way in which the women in this study make sense of rape, is to examine it within the "discourses of heterosex" that are explored by Gavey (2005). This may be a way of holding the women's own way of conceptualising the rape as a sexual act, and yet at the same time finding a way to listen to the silent and invisible operations of power that infuse this understanding. The idea that men need sex echoes Hollway's (1989)

male sexual drive discourse, which holds that it is normal and natural and healthy for men to 'need' more sex than women. As the women seem to subscribe to this discourse, the subtleties of the workings of power are evident. As Foucault (in Gavey, 2005) suggests, dominant discourses within society often become perceived as natural and begin to hold the power of 'scientific fact', when in fact they are socially and culturally constructed. In addition to this, Foucault explains that power is often deployed in invisible ways. The more dominant a discourse is, the less obvious its partiality is as it appears 'natural' or 'true'. Thus, the women in this study speak of sexual 'natural' reasons for rape, and they do not explore issues of power, however the fact that they buy into this dominant discourse so whole-heartedly, suggests an invisible web of power relations that hold them as passive and subservient recipients of sex. Although there are parallels between the ways the women in this study make sense of rape and the Western research into discourses of heterosex, what is unclear is the impact of Apartheid on the way in which this discourse operates. Sociological theories of rape in South Africa have suggested that the history of oppression of men on racial grounds has disempowered them and that the high prevalence of rape is a result of these disempowered men needing to reassert their power over those more vulnerable than themselves. It would be interesting to examine the interface of Apartheid with these discourses of heterosex.

It is interesting, that whilst these women do subscribe to this discourse and express belief in men's "normal" need for sex, they are at the same time very clear that they define their experience as rape and something that is not justifiable. Eight of them have pressed charges and are actively seeking justice. What is striking, however, is that they are seeking justice because their position as "women" (as constructed within this discourse) is jeopardized. Their position as possessions of their husbands or partners is imperiled by the rape. This highlights the way in which Hollway's (1989) *have/hold discourse* impacts on their lives. The have/hold discourse suggests that women are relatively asexual beings who offer sex in return for love, relationship and commitment. They will be taken care of by their man in exchange for giving him sovereignty over their sexuality. Consequently, the rape transforms them into "damaged goods" where they risk being rejected.

They describe 'normal' sexual relations which echo Wood and Jewkes (1997) finding that 'everyday love' involves men having sexual ownership rights over their women and commonly

using force to access sex. Yet at the same time, they loudly proclaim that their experiences are unjustifiable criminal acts.

In order to honour the experiences of these women, it is vital that we pay heed to what they say. The reasons they give for rape are centred on issues of sex, and it is the sexual aspect of this crime that makes it so destructive in their lives. This was particularly challenging for me as I realized that I brought assumptions to this research that were embedded in academic feminist discourses about power and gender inequality. Through this process I learned to allow spaces for survivors' voices and sexual understandings to be heard.

5.3 Applicability of western trauma models

The other major area of interest is the extent to which Western trauma models provide useful frameworks for rape survivors. Summarizing the data it is clear that all of the women in this study display symptoms that are commensurate with the documented patterns of responses to rape (Burgess & Holmstrom, 1974; Resick, 1993). Observing through Burgess and Holmstrom's (1974) original Rape Trauma Syndrome lens, one sees the patterns of responses documented in the 70s. The participants speak of reactions that could be viewed as the Acute phase, some the *expressed* pattern and some the *controlled* pattern; they speak of a process of Reorganisation of their lives. They meet criteria for Rape Trauma Syndrome. Observing through the psychiatric lens, one sees the hyper arousal, the intrusion and the constriction of Post Traumatic Stress Disorder (DSM – IV R). They do report flashbacks, they do report panic attacks and they do report avoidance of situations that trigger traumatic memories. In a sense they meet criteria for the classic symptoms of PTSD. Thus, it is likely that a checklist of symptoms would reveal that women in the Western Cape do show a pattern of responses that is similar to that documented in the United States. Consequently, if viewed in this way it could be said that the symptoms described in Western trauma models are relevant and applicable to women in the Western Cape.

However, perhaps the major shortcomings of these models is that they involve "observing" and "documenting" visible "patterns of responses" in a way that is seeped in the paradigms of

traditional scientific method. They provide a careful taxonomy of trauma but they do not capture the essence of the distress.

5.3.1 *Beyond a taxonomy of trauma*

Observing and documenting *objectifies* the subject of research. With a crime like rape, where the woman has already been objectified, it feels vital that research does not repeat this process of objectification. It is hoped that in this study, we have tried to stop observing and start listening. Listening for stories, provides meaning and context for these symptoms, it allows the women's resilience and courage to be heard. Striking to me, during the process of conducting this research, have been the ways in which these women have relationships with their symptoms. They fight with them, they wrestle with them, sometimes they feel overwhelmed by them, but they also find ways of overcoming them. Listening to the stories of the symptoms, allows us an understanding of the significance of them. It allows an awareness of the subjectivity of the woman who has suffered rape. As Stefan (1994) pointed out, RTS pathologises women's adaptive responses to violent and dangerous contexts. This was evident in this study, where stories of avoidance could also be heard as stories of strategy. The women are taking steps to protect themselves where they can, and these steps show agency and resilience, rather than pathology. Wasco (2003) highlighted the importance of considering context in understanding trauma, and it was striking that certain symptoms described in the literature are unaffordable luxuries in the Cape Flats. Moving house, or taking a different route to work are simply not 'symptoms' available to women who have to struggle daily to survive.

However, the striking aspect of this study is that while the women do report 'symptoms' it is not these symptoms that are causing them the most distress. Instead it is the damage to their social relationships; the damage to their position within the social fabric of their communities; and the damage to their constructions of their identities as women that is seen as the most traumatic aspect of the rape's aftermath. This speaks to Harvey's (1996) suggestion that trauma must be viewed within an Ecological framework, where the backdrop of the community, its values and attitudes, plays a vital role in mediating trauma recovery. The beliefs of these women and their communities are that they are in a sense damaged goods that are undesirable to their husbands and partners that they have lost part of their womanhood due to their rape. They mourn these losses but they do not question this belief, or challenge its veracity. The

difficulty and paradox that is faced by the women in this study, is that in order to heal they need to reconnect with husbands and partners, parents and friends (Herman, 1992). If relationship is healing, then perhaps anger with these views and anger with their loved ones is not helpful. They cannot afford to clash with their contexts.

5.4 The need for socially negotiated rape research

In the same way that the women experience the rape as something embedded in and mediated by a network of social relationships, the findings of this study are embedded in a micro-network of relationships between the participants, myself, the translator, the transcriber and the back-translator. As presented in the previous chapter, we were all affected by the stories in different ways: ways that were dependent on our contrasting identities and beliefs. Making meaning out of the narratives of the women in the study was a socially negotiated process and this added to the layers and complexity of our understanding. Perhaps rape research should actively seek to be a socially negotiated dialogic process where not only the survivors' stories, but also the experiences of the researchers are made explicit in the findings. In this way the ripple effects of rape within a social context can be felt.

5.5 Implications of the study

Durrheim (1997) contends that knowledge and social action go together and research should inform social action. It is hoped that the findings of this study will be used to inform the management of sexual assault survivors in the Western Cape. The findings have already been presented to and discussed with staff at Thuthuzela hospital, where the study took place, and so a collaborative process of developing services has begun, through voicing the narratives and ideas of the women who have had to use the centre.

5.6 Limitations of the study

Limitations in the methodology must be borne in mind, when considering the findings of this study. Firstly, it must be remembered that the sample was not randomly drawn from the rape survivors who presented at Thuthuzela during 2004. Instead, the women were selected by the nurses working for the PEP Study. It is thus likely that they are more verbal and that their narratives contain more evidence of resilience than would be found in a representative sample.

It also must be remembered that these are women who elect to report the crime of rape. As outlined in Chapter Two, most rape survivors elect not to speak, and so the narratives and understandings presented in this study do not necessarily reflect the understandings and experiences of the 'typical' rape survivor.

Secondly, issues of language, miscommunication and translation have also mediated the narratives of the interviews. Whilst, these moments of miscommunication have provided different layers of meaning and understanding, they also constrained the possibilities within the interviews. As outlined in the previous chapter, my inability to speak the language of the participants meant that I had to wait for translation and respond to Nokuthula's words, in some cases words that were later discovered be inaccurate translations. It is hoped that by making these moments of disconnection explicit within the results, it allows the reader to trace the difficulties and see the complexity of the material generated in the transcripts.

Thirdly, whilst extra-interview conversations and some of the material within the interviews did give an indication of the multiple traumas these women had been exposed to prior to the rape, there was no rigorous and planned trauma history taken. In retrospect, this information would have given valuable insights into the context in which these women lived. It might also have contributed to further understandings of individual resiliency in the face of rape.

Fourthly, there is no comparison group. Whilst some of the conclusions and discussion suggests possible comparisons to and contrasts with Western rape survivors' experience and understanding, the fact that there is no comparison group means that these suggestions are tentative and exploratory.

5.7 Directions for future research

The intention of this study was to foreground women's voices and allow them agency over their stories of rape and its aftermath. This has revealed various potential avenues for further investigation:

- It would be valuable to use the tentative findings about an alternative South African rape mythology and examine this in more depth, possibly doing a comparative study between South African and American women of similar socioeconomic status. It would also be valuable to do a comparative study that looked at comparisons between other Developing countries and South Africa
- It would be interesting to address the links between rape survivors' trauma history and psychiatric history and the type of narrative generated in response to a similar open-ended question to the one used in this study.

5.8 Conclusions

As I have attempted to make sense of these conversations, my understanding was "transformed". These women are fighters, there is a gritty resilience to them, and they are coping with the traumatic experience they have gone through. Relationships are healing, they are returning to work or school. They are not sitting with a syndrome, labeled for life.

Yet at the same time they say things that we as feminists would prefer not to hear. They explain rape as a sexual crime, where men's uncontrollable desire and women's sexual provocation are cited as explanations. They explain the experience of rape as sexual and they do not mention it in relation to power and gender. Power *is expressed* through their struggles and resistances, both during the rape and in its aftermath but it is not cited as the fundamental aspect of the event. If we as feminists are committed to honouring and respecting women, we must listen to what they say and not clean the data to fit with our sociological explanations of power and oppression. For them, the power part is the easy part to express and overcome, but the sexual part remains secret and unsayable.

It is hoped that this thesis presents some of the complexity of a group of survivors' experience and understanding of rape in the Cape Flats. However, understanding complexity makes conclusions difficult. As Peter Hoeg comments at the end of his novel *Miss Smilla's Feeling for Snow*, "It is only what we do not understand that we can come to conclusions about."

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*Appendix 1***PEP And Sexual Assault Research Study in South Africa****Semi structured interview schedule****To be administered at/following 6 month follow up visit****Framing of interview:**

Thank you for agreeing to talk to me/us. In this time we are/I am going to be asking you some questions about your thoughts and feelings following the assault. This interview is really more like a conversation and there are no right or wrong answers. I will be taping the interview because I won't be able to remember everything we discuss, but the tapes will be kept locked in a safe place and no one will be given your name or told who you are. The interview will last about an hour. If there are any questions which you do not want to answer please let me know and we can move on. If there is anything you don't understand or want to ask me/us please let me/us know.

Open ended start to interview:

We are interested in your experiences and what they have meant to you. You may talk about your experiences in any order or in any way that you wish. We are interested in all aspects of your thoughts and feelings about what has happened to you, from the time of the rape to the present.

Section A: Experience of participation in the study

We/I would like to know how being part of this research/ study has been for you...

1. When you went to the hospital on that first day, what did you think was going to happen?
2. Was what actually happened at the hospital different to what you thought would happen ? If yes, how?
3. Can you remember how you were first told about the study?
4. What do you think the study is for?
5. At the time you were first told of the study, how did you feel about being asked to be part of the study?
6. What were the follow up meetings with the research sister like?
7. How did you feel about the different options you had about where you could meet with the research sister? What places did you meet at?
8. Looking back on the last six months, how do you feel about having agreed to take part in the study?
(Probe: Would things have been different for you if you had not taken part in the study? If yes how?)
9. Is there anything you would want us to do differently for other people like you who we tell about the study ?

Section B: Why rape happens?

We are/I am trying to understand why rape happens in South Africa?

1. Do you have any ideas about why people rape other people?
2. What do you think about why this man/these men raped you?
3. If perpetrator(s) known – Before this happened, did you imagine that the person/people who hurt you would do something like this to you or to anyone else? What does it mean to you that this person raped you?
If perpetrator(s) unknown – How are you making sense of why *he/they* hurt you?
4. Other than yourself, do you know of anyone who has been raped? What do you know about what happened.
5. Other than the person(s) who raped you do you know anyone who has forced someone to have sex? What do you know about why they did that?

Section C: Impact of rape

I/We wonder how the assault has affected your life...

1. Has the assault changed you, if so in what way(s)?
2. Has the assault affected your relationships and work/school?
(Probe: Relationships – intimate and familial)
3. What have you lost as a result of this experience?
4. What worries you the most?
5. Since the assault what has helped you to feel better and what has made things more difficult for you?
6. After the assault, were you able to talk to anyone and if so what did you talk about?
(Probe: The rape/ medical treatment/ HIV/ the study)

Section D: Impact of risk of HIV infection and PEP on the overall experience

I have another set of questions to ask you now.

1. Immediately after the assault, what was your biggest worry?
2. How did you feel when the doctor/ nurse first started talking to you about HIV?
3. Were you concerned about possibly getting HIV before anyone else mentioned HIV to you?
4. Were you concerned about possibly already having HIV before anyone else mentioned HIV to you?
5. Did you feel you had a choice about taking the HIV test on the first day?
6. Why did you decide to take it? Or not to take it?
7. Did your feelings about taking HIV tests change when you were offered follow-up tests later? If so, how?
8. Did you feel you had a choice about taking the HIV/PEP medicine?
9. You decided to take/not take the PEP (as known from records) Can you tell me about that decision?

10. How did it feel for you (prompt if necessary as we would like to see what is spontaneously reported in response to the question of feelings: emotionally and in your body) to take the medication?
11. Were there times when you didn't take the medication ? How was that for you?
12. How did you feel talking to the nursing sister about taking the medication? (Probes: did you feel you could tell her the truth? Did you feel you were disappointing her?)

Concluding section

I have asked you many questions and we have spoken about many things...

1. If there is one thing we could have done to help you cope with this experience that we did not do, what might that be?
2. How has this interview been for you?

Thank you for talking to me/us.

University of Cape Town

Appendix 2

UNIVERSITY OF CAPE TOWN, SOUTH AFRICA
GROOTE SCHUUR HOSPITAL
G.F. JOOSTE HOSPITAL

And

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SAN FRANCISCO GENERAL HOSPITAL

**Post-Exposure Prophylaxis & Sexual Assault in South Africa:
Six-Month Interview**

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

WHY IS THIS STUDY BEING DONE?

Drs. Lynette Denny, Roy Chuunga, Lorna Martin and Ms. Anastasia Maw at the University of Cape Town and Drs. Michelle Roland at the University of California, San Francisco and Thomas Coates at the **University of California, Los Angeles** are conducting a second research study in people who have been offered medicine for HIV after they have been raped in order to try to prevent HIV infection who have completed the main study over the last 6 months. They want to understand more about how people feel with this medicine as well as how they feel over time after the rape.

I am being asked to participate in this study because I took HIV medicine after being raped and completed the main 6 month study.

WHAT HAPPENS IN THE STUDY?

If I agree to participate in the study, a different researcher from who I have been seeing before will meet with me in a private room at a clinic or hospital for between 1 and 2 hours. She will ask me questions about how I feel about what happened to me. These questions will be different from the questions I was asked before and it will be more like a conversation where I get to talk about my ideas and feelings. She will use a tape recorder and later what we talked about on this tape will be written on paper for the researchers to analyze. The tape will then be destroyed.

RISKS AND DISCOMFORTS

Questions

I might feel bad answering some of the questions about what happened to me, other difficult things that may have happened to me before, and about sex, alcohol and drugs. I may refuse to answer any questions that I think are too personal.

Confidentiality

Participation in research will involve a loss of privacy. The researchers will keep information about me as confidential as possible, but complete confidentiality cannot be guaranteed. The audio-tapes will be destroyed after the information is written on paper. Records may be reviewed by representatives from the National Institutes of Health, ethics committees from the University of Cape Town and the University of California, San Francisco, and study staff. My name will not be used in any reports or publications resulting from this study.

BENEFITS

There is no benefit to me for participating in the study.

ALTERNATIVES

If I choose not to participate in this study, I will be referred to a counseling centre for survivors of rape (rape crisis centre) that is near to my area of residence or for any other counseling I might need. My medical care will not be affected in any way.

COSTS

There will be no cost to me for participating in the study. Insurance coverage is provided by the University of Cape Town for any "no fault" or indirect related incident.

REIMBURSEMENT

I will be given money to cover my transport costs and a food voucher to reimburse my time.

QUESTIONS/CONTACTING THE INVESTIGATORS

This study has been explained to me by _____
or _____ and my questions have been answered. If I have questions about the study or I experience a study-related problems, I may call Anastasia Maw.

CONSENT

I have been given copies of this signed and dated consent.

PARTICIPATION IN ANY RESEARCH IS VOLUNTARY. I have the right to decline to participate at any time in this study without any effect on my medical care. If I wish to participate, I should sign below.

Subject's signature	Printed name	Date
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Guardian's signature (For subjects who are less than 18 years old)	Printed name	Date
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Signature of person obtaining consent	Date
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☐

A copy of this signed consent form was offered to the subject